01/01/2025 - 03/31/2025

Spec Name	Min Outcome	Diag Proc	Reason For Denial	Indication Offered	Auth Count
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	12
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	4

Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	10
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	8
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	4

Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	4
Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	12
Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	8

Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.	3

Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	4
Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"	4

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

Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	4
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	7
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	8

Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.	7
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.	4

Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	8
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	3
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.	7

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

Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent ischemic stroke (TIA) best describes the clinical indication for requesting this procedure	3
Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	3

Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	3

Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the clinical indication for requesting this procedure	3

Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure	3
Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	3

Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

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

Advanced Practice Registered Nurse	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	3
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	18

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	15
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	9
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	3

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	3
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	3

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	3
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test.	3

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	6
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	8
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	8

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	44
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	28
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	28

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	8
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has fatigue or malaise	4

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

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	8

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	12
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	8

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	12

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed more than 12 months ago; The patient has a biopsy proven cancer	4

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	4

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include worsening Parkinson's symptoms.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	16

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	11
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	59

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.	3
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).	4
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	3

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began	4

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		No, the patient was NOT seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; 'None of the above' were noted on evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.	3
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor	6

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	3
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		The patient had a Chest x-ray in the past 2 weeks.; This is a request for a Chest CT.; This study is being ordered for hemoptysis.; The study is being ordered for none of the above.	8

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	8

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	16

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	8

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	24

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.	4
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was abnormal	4
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	12
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	12

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	4
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	16
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; It is unknown if there is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	8
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.	8
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	4
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for known tumor.	4

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

Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the	3

Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the	4

Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	36

Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	66

Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily vapes.	8

Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the	4

Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	12

Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	60

Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	3

Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	7
Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	8

Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	27
Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; No previous Chest CTA has been performed	4

Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	24
Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does have an elevated D-dimer blood test.	7

Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-up surgery or fracture within the last 6 months.; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Evidence of a recent fracture on previous imaging studies.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation	3

Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4

Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-up surgery or fracture within the last 6 months.; This is not a continuation or recurrence of symptoms related to a previous surgery or fracture.; The patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy documented on an EMG or nerve conduction study.; The patient is not experiencing sensory	4

Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-up surgery or fracture within the last 6 months.; This is not a continuation or recurrence of symptoms related to a previous surgery or fracture.; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurological Surgery, Neurology or Orthopedics; The patient has NOT been diagnosed with a tumor, infection or neurological deficit.	4
Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	4

Advanced Practice Registered Nurse	Approval	72128 Computed tomography, thoracic spine; without contrast material		The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.	4
Advanced Practice Registered Nurse	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.	4

Advanced Practice Registered Nurse	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evalution, or Neurological deficits."; There is a reason why the patient cannot undergo a thoracic spine MRI.; There are no documented clinical findings of immune system suppression or AIDS.; The patient is not experiencing thoracic back pain associated with chest pain.	3

Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	7
Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	4

Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	3

Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	3

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

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	4

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	11
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4

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

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	12

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	44
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	51

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	12
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Multiple Sclerosis describes the reason for requesting this procedure.	7
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	3

Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	3

Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4

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

Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; Belsomra 10 mg tablet TAKE ONE TABLET BY MOUTH EVERY NIGHT	4

Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if the patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There has not been a recurrence of symptoms following	3

Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	3
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; It is not known when surgery is scheduled.	4

Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6 months	12
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above	3
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; Advanced Practice Registered Nurse	20

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	61
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	7
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	3

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	3
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	15
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	18

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	29
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has None of the above; This procedure is NOT being ordered for acute or chronic back pain	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	48
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	52
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Abnormal reflexes; This procedure is NOT being ordered for acute or chronic back pain	4

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

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

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	3
Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	7

Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.	4
Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	3
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; It is unknown why ths procedure is being ordered	4

Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; An ultrasound is the only has been previously conducted.; The pain is in the Lower abdomen	4
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was a physician-supervised home exercise program.; Four weeks or more of conservative treatment was completed.; The treatment was completed within the last 6 months.; An Xray has been previously conducted.; The pain is musculoskeletal	4

Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; The pain is best described as other not listed	4
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for suspected metastasis.	3
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Other not listed best describes the reason for this procedure	4

Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy is planned in 6 months or less; The ordering MDs specialty is NOT Urology	6
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	7

Advanced Practice Registered Nurse	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	13
Advanced Practice Registered Nurse	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	4
Advanced Practice Registered Nurse	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	26

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

Advanced Practice Registered Nurse	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	3

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	6

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injuryis not suspected.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	16
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	16

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

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient recevied medication other than joint injections(s) or oral analgesics.; Hydro 10mg- acetam 325mg	4

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	15

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; HEP X 8 WEEKS ALONG WITH MUSCLE RELAXER	4

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.	4

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	9
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	21

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	3
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	3

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	3

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient recevied medication other than joint injections(s) or oral analgesics.; Anti-inflammatory medication;Lodine 400	3

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	6
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient has documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	3

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material		There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4
Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.	3

Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last 2 weeks.; The patient has a documented limitation of their range of motion.	3
Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last 2 weeks.; The patient has a documented limitation of their range of motion.	6

Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is not a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last 2 weeks.; The patient has a documented limitation of their range of motion.	3
Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is NOT a suspected infection of the hip. ; It is unknown if there is a suspicion of AVN.	4

Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is NOT for pre-operative planning; The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The	4

Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4

Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is NO history of a new onset of severe pain in the ankle within the last 2 weeks; The patient does not have a documented limited range of motion; The patient had an abnormal plain film study of the ankle other than arthritis	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	4

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	4

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	4

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	17
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	8
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	3

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	25
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	17
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	3

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	3
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	3

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	4

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	3
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	6

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	23

Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; This is a Medicare member.	4
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of renal mass.; The suspicion of a renal mass was suggested by a physical exam.	4

Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	7

Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.	4

Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.	7

Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	7
Advanced Practice Registered Nurse	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	8

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	16

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	3

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	3

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	20

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	16

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	11

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	3
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

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

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	7
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	3

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Female.	8
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	3

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

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	3

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	18
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam are unknown.; The patient is Female.	3

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	10

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; The patient is Female.	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	10
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	3

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	3
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	12

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	30
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	12

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	12
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	3

Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	7
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	3

Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	3
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A diagnostic imaging procedure not listed has been previously conducted.; Persistent pain best describes the reason for this procedure.	3
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	3

Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other not listed best describes the reason for this procedure.	7
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	4

Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	7
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for a condition not listed.	4

Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance .	6
Advanced Practice Registered Nurse	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This case was created via RadMD.; Agree; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed 6 months ago or less; The patient has not had a previous Cardiac (Heart) MRI.	4
Advanced Practice Registered Nurse	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		This is a request for a CT scan for evalutation of coronary calcification.	4

Advanced Practice Registered Nurse	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		chest pains at rest,abnormal ekg,seizure disorder, mother had heart attack age:59. Baseline EKG: Sinus bradycardia, T wave inversion noted inferior and lateral.Baseline echocardiogram: ;Left ventricular systolic function estimated be 60 to 65%. Left ven; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are	4

Advanced Practice Registered Nurse	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	4
Advanced Practice Registered Nurse	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	4
Advanced Practice Registered Nurse	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was normal	4

Advanced Practice Registered Nurse	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4
Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral			15
Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The reason for the screening examination is unknown.; This study is being ordered as a screening examination.	3
Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This study is being ordered for known or suspected breast lesions.	15

Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The patient has a lifetime risk score of greater than 20.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The patient has a family history of breast cancer.; This study is being ordered as a screening examination.	6
Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; Yes,this study is being ordered to evaluate a suspected silicone implant rupture.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This study is being ordered for a suspected implant rupture.	3

Advanced Practice Registered Nurse	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	20

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

Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		ATHEROSCLEROSIS OF NATIVE CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI),	4

Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		ECG abnormal, intermediate CAD risk;Heart failure, known or suspected, initial workup; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	4

Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		non specific ST-T changes on exercise stress test, symptomatic - increased fatigue, SOB, chest tightness; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of	4

Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year;	6

Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	4

Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	4
Advanced Practice Registered Nurse	Approval	78813 Positron emission tomography (PET) imaging; whole body		The patient does NOT have a current or past history of diagnosed cancer.	4

Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient does NOT have a current or past history of diagnosed cancer.	20
Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	3
Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4

Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography			4

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities; This study is being ordered for Follow-up to a prior test	3
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was NOT considered abnormal; This study is being ordered for Follow-up to a prior test	3

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It is unknown how long its been since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	3

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	6

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed; This study is being ordered for Follow-up to a prior test	3

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress	6

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a pre-operative or post operative evaluation.	3
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	6

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are NO new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	3
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	6
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	4

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	4

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	4

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	4
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	8

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	8

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart	4

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	4

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	12

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	4

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	8

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	12

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	4

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	4

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	8
Advanced Practice Registered Nurse	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	4

Advanced Practice Registered Nurse	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed less than 12 months	3

Advanced Practice Registered Nurse	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above	3
Advanced Practice Registered Nurse	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	8

Advanced Practice Registered Nurse	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	16
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4

Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	3
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	3
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	15

Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	4
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	4

Advanced Practice Registered Nurse	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The patient had 2 courses of antibiotic treatment.	3
Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4

Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	4
Advanced Practice Registered Nurse	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	4
Advanced Practice Registered Nurse	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Neck MR Angiography.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	4
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	4
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	6

Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	3
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	4
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4

Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	4
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	4

Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, inability to speak or transient monocular blindness	4
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	4

Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	3
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; The patient had an abnormal finding on physical exam related to the suspicion of cancer.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.	3

Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	4

Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	3

Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there is a known inflammatory disease.; There is not a known tumor.; It is not known if there is known vascular disease.; The patient is NOT having an operation on the chest or lungs.; This is a request for a Chest CT.; This study is being ordered for a pre-operative evaluation.; The study is being ordered for none of the above.	4
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; It is unknown if anything else was noted related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.	4

Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	4

Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	3

Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.; The patient primarily smokes cigarettes.; The patient has smoked 10 to 19 pack years.; The pack year (PPY) is documented in the patient's chart.	4
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4

Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	3

Advanced Practice Registered Nurse	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	4

Advanced Practice Registered Nurse	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The pack year (PPY) is NOT documented in the patient's chart.	4

Advanced Practice Registered Nurse	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 10 to 19 pack years.; The pack year (PPY) is documented in the patient's chart.	3

Advanced Practice Registered Nurse	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	4

Advanced Practice Registered Nurse	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	4

Advanced Practice Registered Nurse	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	8

Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	3
Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	3

Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.; There is a reason why the patient cannot have a Cervical Spine MRI.	4
Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	8

Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	7
Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.	3

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

Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	3
Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4

Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; hx of back surgery in 2022 Right leg radiculopathy feels like leg is going out from under her increased pain at surgical site; There is not x-ray evidence of a recent lumbar fracture.	4

Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	3
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	3

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	7
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	3

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	3

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	16
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a new onset or changing radiculitis / radiculopathy; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	4

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Recent evidence of fracture documented by x-ray	3
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	7

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	3

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	3
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	7

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	8
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	11

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	32
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	3

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

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

Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	8

Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4

Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	4

Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	16
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Pre-operative evaluation; Advanced Practice Registered Nurse	3

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if this procedure is being ordered for acute or chronic back pain	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected infection or abscess	4

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	3
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; Advanced Practice Registered Nurse	48
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	92

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	7
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	30
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	6

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	3
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	6
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	14

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	11
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	47

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

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

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	3
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	7

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	3

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	3

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	6
Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is not listed.	4

Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; No prior imaging has been conducted; The pain is in the Lower abdomen	3
Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was a physician-supervised home exercise program.; Four weeks or more of conservative treatment was completed.; The treatment was completed within the last 6 months.; No prior diagnositc imaging was conducted; The pain is musculoskeletal	4

Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4
Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy is planned in 6 months or less; The ordering MDs specialty is NOT Urology	3
Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Advanced Practice Registered Nurse	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	3

Advanced Practice Registered Nurse	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	8

Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4

Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4

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

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

Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	14

Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient recevied medication other than	4

Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	7
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	7

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

Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4

Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8

Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; It is unknown if there is a suspected infection of the hip.	4

Advanced Practice Registered Nurse	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Advanced Practice Registered Nurse	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	7

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	4

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

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	3
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	8

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	11
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	16
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 5 or more exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	8

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	16
Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	11

Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	8
Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	3
Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	4

Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	3

Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	4

Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.	12

Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; This is NOT a Medicare member.	4

Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	6
Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.	4

Advanced Practice Registered Nurse	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	3

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	4

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	3

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	4

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4

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

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	10

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

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	10
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.	6

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	3

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); constipation; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Elevated Liver enzymes BUN and Creatinine need CT to evaluate kidneys and liver; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is known or suspicion of an abdominal aortic aneurysm.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	3
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	6

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	16
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	3

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	24
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	7
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	3
Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	An ultrasound is the only has been previously conducted.; Persistent pain best describes the reason for this procedure.	3

Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Advanced Practice Registered Nurse	Disapproval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for Heart CT Congenital Studies.	4
Advanced Practice Registered Nurse	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The condition is known; This study is requested for coronary artery disease	6

Advanced Practice Registered Nurse	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The condition is suspected; A Stress Echocardiogram was done in the last 6 weeks; This study is requested for coronary artery disease; The results of the cardiac study were normal	3
Advanced Practice Registered Nurse	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The condition is suspected; Another test not listed was done in the last 6 weeks; This study is requested for coronary artery disease	3
Advanced Practice Registered Nurse	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4

Advanced Practice Registered Nurse	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; This study is being requested to evaluate the heart before non cardiac surgery	3
Advanced Practice Registered Nurse	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	4

Advanced Practice Registered Nurse	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	This is a request for Breast MRI.; It is unknown if the patient has a lifetime risk score of greater than 20.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The patient has a family history of breast cancer.; The patient's BI-RADS score is unknown.; This study is being ordered as a screening examination.	3
Advanced Practice Registered Nurse	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetric testing or a suspected implant rupture.	3

Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected	4

Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;	3

Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	4
Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4
Advanced Practice Registered Nurse	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	The patient does NOT have a current or past history of diagnosed cancer.	4

Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities; This study is being ordered for Follow-up to a prior test	3

Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	3

Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology	6

Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a pre-operative or post operative evaluation.	6
Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	3

Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	6
Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	4

Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	8

Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood	4

Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	4

Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	4

Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Advanced Practice Registered Nurse	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	3

Advanced Practice Registered Nurse	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	3

Advanced Practice Registered Nurse	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Advanced Practice Registered Nurse	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Radiology Services Denied Not Medically Necessary	This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	8

Advanced Practice Registered Nurse	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Allergy & Immunology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.	4

Allergy & Immunology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	8
Allergy & Immunology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	4

Allergy & Immunology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.	4
Ambulatory/Walk-in Clinic	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4
Ambulatory/Walk-in Clinic	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The member has a recent injury.	4

Ambulatory/Walk-in Clinic	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Ambulatory/Walk-in Clinic	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	4

Ambulatory/Walk-in Clinic	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Ambulatory/Walk-in Clinic	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Ambulatory/Walk-in Clinic	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

Ambulatory/Walk-in Clinic	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Anesthesiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4

Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

Anesthesiology	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; There is a known condition of neurological deficits.	4

Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4

Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic	4

Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; Patient has had to past lumbar surgeries. his is having stabbing, shooting, stinging, electric numbing, dull, sharp, burning, pain radiates to the left hip and left hand, severity of pain 9/10 max, 8/10 on average. patient has had PT and tried medication ; There is not x-ray evidence of a	4

Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.	4

Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4

Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician	4

Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	20
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

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

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	8
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	4

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	12

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	44
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	68

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

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

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

Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	20
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4

Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	3

Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; COMPLAINT OF PAIN, CRAMPING LOWER EXTRMTIES WEAKER, PAIN IN RIGHT LEG	4

Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	12
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; It is not known when surgery is scheduled.	4

Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6 months	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	141

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	112
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	8
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	16

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	15
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	12

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Ice and/or heat has been used for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	28
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	84

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Focal extremity weakness; This procedure is NOT being ordered for acute or chronic back pain	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	12

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

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

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

Anesthesiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

Anesthesiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	4

Anesthesiology	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Anesthesiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4

Anesthesiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

Anesthesiology	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.	4
Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4

Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4

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

Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician	4

Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	4

Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	3

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	8

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	3
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	4

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	27
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	4

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	39
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4

Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	3

Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	16
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	8

Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	7

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

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

Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or	4

Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	4
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	4

Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4

Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	8
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	90

Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	8
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	7
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	4

Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	12
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Anesthesiology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	8

Anesthesiology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Anesthesiology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4
Anesthesiology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; None of the above best describes the reason for this procedure	4

Anesthesiology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4
Anesthesiology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	3

Anesthesiology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	4

Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Anesthesiology	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4

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

Anesthesiology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Anesthesiology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	3
Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure	4

Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	3
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of mediastinal widening.; This is a request for a Chest CT.; This study is being ordered for vascular disease other than cardiac.	4
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	8
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	4

Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for suspected pulmonary Embolus.	4
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	8

Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	12
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; No previous Chest CTA has been performed	4

Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	4
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	7

Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does NOT have an elevated D-dimer blood test.	4
Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	20

Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	8

Cardiac Surgery	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for a Heart CT.	4
Cardiac Surgery	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	16

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

Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiac Surgery; The patient is On continuous oxygen therapy	3

Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	12

Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	16

Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiac Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Fluciclovine (18F).	4

Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	12
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	48

Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	8
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	4

Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4

Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	4

Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	4

Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	40

Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	8

Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	4

Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiac Surgery	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	4
Cardiac Surgery	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	4

Cardiac Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	4
Cardiac Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	3

Cardiac Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; This is a request for a Chest CT.; This study is being ordered for follow up trauma.; The study is being ordered for none of the above.	4
Cardiac Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Cardiac Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4

Cardiac Surgery	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	The patient has a current or past history of diagnosed cancer.	4
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	4
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	4

Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Cardiology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	4

Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Neurological Surgery	11
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8

Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	20

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

Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery	20

Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure	7
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the clinical indication for requesting this procedure	4

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

Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8

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

Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	20

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

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

Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4
Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4

Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	4
Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4

Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has NOT been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	4
Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for an aneurysm.; This study is NOT being ordered as a screening for an aneurysm or AVM or neurological deficits.	4

Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	4
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	16
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease	3

Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.	7
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of mediastinal widening.; This is a request for a Chest CT.; This study is being ordered for vascular disease other than cardiac.	4

Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	4
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for suspected pulmonary Embolus.	4

Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing			3

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination; The patient has NOT had an Abdomen CTA, Chest CTA and or Pelvis CTA in the last 6 months	4

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for an Abdomen CTA and Chest CTAordered in combination; The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks; The patient has NOT had an Abdomen CTA and or Chest CTA in the last 6 months	4

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; It is unknown if this imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA	3

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	4

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA	7

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	12

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	44
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; No previous Chest CTA has been performed	16

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a suspected Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient has symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs.	4

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a suspected Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; The patient does NOT have symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs.	4

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	8

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; Yes, this is a request for a Chest CT Angiography.	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	4

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; It is unknown if the patient has an elevated D-dimer blood test.	4

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; The patient does have an elevated D-dimer blood test.	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	105

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does have an elevated D-dimer blood test.	28
Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		This is a request for an MR Angiogram of the chest or thorax	4

Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Cardiology	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4

Cardiology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	4
Cardiology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected vascular disease.; The ordering physician is a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; This is a request for a Pelvis CT.	4
Cardiology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	4

Cardiology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.	4
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination; The patient has NOT had an Abdomen CTA, Chest CTA and or Pelvis CTA in the last 6 months	4

Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	32
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	4

Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4

Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA	7
Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing			3

Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for an Abdomen CTA and Chest CTAordered in combination; The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks; The patient has NOT had an Abdomen CTA and or Chest CTA in the last 6 months	4
Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	24

Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is known or suspicion of an abdominal aortic aneurysm.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	4

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

Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Cardiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Adrenal cancer is suspected.	3
Cardiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The procedure is planned within the next 6 months or less; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Pre-procedure evaluation best describes the reason for this procedure.; The patient will have surgery.; The part of the abdomen involved is adrenal.	4

Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This case was created via BBI.; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed 6 months ago or less; The patient has not had a previous Cardiac (Heart) MRI.	3
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This case was created via RadMD.; Agree; This Heart MRI is being requested for Congenital Heart Disease (CHD); The ordering provider's specialty is Cardiology	8
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This case was created via RadMD.; Agree; This Heart MRI is being requested for evaluation of cardiac tumors or thrombus; The ordering provider's specialty is Cardiology	8

Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This case was created via RadMD.; Agree; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed 6 months ago or less; The patient has not had a previous Cardiac (Heart) MRI.	16
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This case was created via RadMD.; Agree; This Heart MRI is being requested for pre or post procedural evaluation; Atrial Septal Defect closure (ASD) was or is being performed	8

Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This case was created via RadMD.; Agree; This Heart MRI is being requested for pre or post procedural evaluation; Pre-Ablation planning was or is being performed	8
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed 6 months ago or less; It ia unknown if the patient had a previous Cardiac (Heart) MRI.	4

Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed more than 6 months ago; The patient had a previous Cardiac (Heart) MRI.	8
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This Heart MRI is being requested for Other	4
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This is NOT a Medicare member.; This Heart MRI is being requested for Coronary Artery Disease evaluation (CAD)	7

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

Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	8
Cardiology	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		This is a request for a CT scan for evalutation of coronary calcification.	8
Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for a Heart CT.	67

Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	4

Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4

Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Cardiology	Approval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)		This is a request for Heart CT Congenital Studies.	27

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)			6
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		1. Bradycardia (asymptomatic) - stable;2. Tricuspid valve regurgitation (mild per echocardiogram in May 2024);3. Chest pain;4. Possible GERD; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		1. Recurrent chest discomfort in the patient at intermediate risk for having coronary artery disease, likely indicative of angina despite recent exercise stress echocardiogram, which showed her to be at intermediate risk of cardiac morbidity and mortalit; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		1. DOE (dyspnea on exertion) - R06.09 (Primary) ;;2. Abnormal ECG - R94.31 ;;3. Preoperative clearance - Z01.818 ;;4. Family history of ASCVD - Z82.49 ;;5. Blood pressure elevated without history of HTN - R03.0; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		1.Chronic fatigue.;2.Ejection Fraction: 70% 3/1/24 2D Echo. ;3.Difficult to control hypertension, now well-controlled.;4.Abnormal global longitudinal strain -13.7% 3/1/24 2D Echo. ;5.Trivial tricuspid regurgitation. 3/1/24 2D Echo. ;6.Drug abus; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Abnormal result of coronary arteries with 56% ejection; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Angina/Chest Pain;Reported by patient.;Location: chest;Severity: moderate;Duration: lasts minutes;Onset/Timing: occurs daily;Context: exertional;Alleviating Factors: relieved with rest;Aggravating Factors: worse with activity;Associated Symptoms:; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		CAD screening, high CAD risk, not treadmill candidate; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		chest tightness and dysnpnea with edema; This is a request for CTA Coronary Arteries.; It is not known if other testing has been done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Coronary Artery CTA needed to further evaluate/ plan treatment. Symptoms persist despite medications.; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Coronary artery disease involving native heart, unspecified vessel or lesion type, unspecified whether angina present. Near syncope, palpitations and chest pressure; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		EKG - Sinus Brady, otherwise normal; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Fu p CT-last seen 08/27/24 p ECHO, MPS, VENOUS US, ABI-Was NP 05/01/24 eval Shortness of Breath & Suspected CHF PMHx HTN, HLP; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Has multiple risk factors for CAD including age, gender, pre Dm, HTN, HLD. Described chest pain has some typical and atypical features. ECG today without acute ischemic changes. Discussed testing options: Functional to rule out ischemia versus anatomical ; This is a request for CTA Coronary Arteries.; It is not known if other testing has been done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Has multiple risk factors for CAD including smoking history, HTN, HLD, family history. Described chest pain has some typical and atypical features. Needs coronary CT angiogram to rule out obstructive CAD.; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Have clinicals to upload; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		having chest pain, short of breath, Afib; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Impression:;Abnormal stress test with moderate anterior, apical reversible stress perfusion deficit.;TID = 1.07; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		MPI denied by insurance. Chest pain/anginal equiv, high CAD risk, not treadmill candidate; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		n/a; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery	8

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		NA; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Patient had a CT Cardiac Calcium Score Test performed on 02/13/2025:;FINDINGS: CT CALCIUM SCORE: 481; ;DISTRIBUTION: LEFT MAIN: 71 LAD: 271 CIRC: 19 RCA: 120 ; ;This sco; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Patient had Cardiolite Stress test on 12/04/2024, needs Coronary CTA to assess for obstructive CAD.; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Patient had recent treadmill stress test. Based on those results, provider is ordering Coronary CTA for further evaluation of chest pain and hypertension.; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Patient has an elevated coronary calcium score. He has a PMHx of HTN, DM2, vit. D deficiency, hypogonadism, and GERD. His coronary calcium score was 876.4, LDL was 90, and A1c was 8.0% (2/15/25). He reports fleeting chest pain on long-car rides.; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Patient has been experiencing palpitations. Pt states her heart rate has been racing more lately. She can feel it when she lies down at night, will jump into the 120s for awhile and feels like it is going to beat out of her chest. Sometimes it feels like ; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Patient has chest pain with cardiac risk factors of obesity, hypertension and hyperlipidemia. Needs coronary CTA to evaluate for obstructive CAD.; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		PER SEC RESULTS:;;Overall poor functional capacity and the heart rate response shows probably deconditioning.;Medium risk Duke treadmill score of +3. No chest pain with the stress, no significant ST segment changes.;The imaging portion did not show an; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Plan : Chest pain and shortness of breath in a patient with intermediate risk factors. Get cardiac CTA. Because of baseline nonspecific ST-T changes, treadmill stress test will also be suboptimal in identifying CAD.; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Precordial chest pain Dyspnea on exertion Abnormal EKG Severe obesity (CMS/HCC) Anginal equivalent; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		See attached; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		stress echo was abnormal; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The condition is known; This study is requested for coronary artery disease	6
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The condition is suspected; This study is requested for valve disorders	3

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	8

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	44

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	112
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The patient is Female.; The condition is suspected; No other testing has been done in the last 6 weeks; The patient is experiencing chest pain; The Member is 60 years old or older; This study is requested for coronary artery disease	6

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The patient is Female.; The condition is suspected; No other testing has been done in the last 6 weeks; The patient is not experiencing chest pain; The Member is 60 years old or older; This study is requested for coronary artery disease	3
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The patient is Male.; The condition is suspected; No other testing has been done in the last 6 weeks; The Member is 50 years old or older; The patient is experiencing chest pain; This study is requested for coronary artery disease	9

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The patient is Male.; The condition is suspected; No other testing has been done in the last 6 weeks; The member is under 50 years old; This study is requested for coronary artery disease	3
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	20

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the study is requested for suspected or known coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	24

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	8
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	12
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	12

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	156
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass.	4
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; This study is NOT being ordered for pre-operative evaluation prior to valve surgery.; The condition is known; This study is requested for valve disorders	3

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; This study is requested for Electrophysiology ablation planning; The ordering MDs specialty is Cardiology.	3

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	20

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	12

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

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

Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Thromboembolism is known or suspected; The procedure is planned in 6 months or less	34
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	8

Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Toe Brachial Index (TBI); The study was abnormal	4
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	92
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; It is unknown if the patient had any other studies	4

Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	7
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	12
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan			6
Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; It is unknown if Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed	4

Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; Changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	32

Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	72

Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; Other cardiac stress testing was completed More than 6 months ago; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed	4

Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	153
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			9

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		- Chest tightness, shortness of breath, dyspnea on exertion;Patient symptoms could be from coronary artery disease versus other cardiac etiology including structural heart disease. Will order echocardiogram to look for that as well as a Lexiscan as she ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		(he can't exercise on account of leg pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.;	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		: Last echocardiogram on 9/12/2022 demonstrated left ventricular diastolic dysfunction with preserved ejection fraction. Plan on optimizing guideline directed medical therapy for HFpEF by adding Farxiga and recommend two-dimensional echocardiographic Dop; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	8

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	16

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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	12

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	12

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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected	8

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	8

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		1. Recurrent exertional chest discomfort in patient with known coronary artery disease, likely indicative of angina.;2. Hypertension.;3. Dyslipidemia.;4. Tobacco abuse.;5. Gastroesophageal reflux disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		47-year-old female with PMH significant for HTN, Raynaud's, GERD, factor V Leiden complicated by right upper extremity DVT in the past;chest pain and palpitations.;She endorses occasional palpitations where she feels her heart fluttering. Can be associa; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		51 yo M referred for intermittent palpitations x6 mos. Pt also c/o SOB and chest tightness.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		52 y.o. Caucasian female is here today for follow up for congestive heart failure/left ventricular diastolic dysfunction, hypertension, hypertensive heart disease, pulmonary hypertension, mitral and tricuspid regurgitation, and hypercholesterolemia. Pati; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		62 yr old patient here to establish care.;Patient has been c/o shortness of breath on moderate exertion which gets better at rest. cannot walk more than a block due to dyspnea. Denies any chest pain or palpitations. No syncope.Denies any claudication.;;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Aortic stenosis-noted on her echocardiogram and physical exam today.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		CAD in native artery;Status post insertion of drug-eluting stent into left anterior descending (LAD) artery;Ischemic cardiomyopathy;History of sudden cardiac arrest successfully resuscitated;Encounter for monitoring direct oral anticoagulant therapy;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		CAD screening, intermediate CAD risk, not treadmill candidate; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Cardiomyopathy -;Unknown ischemic or nonischemic,;Congestive heart failure -;Will workup for ischemic evaluation; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		chest discomfort and dyspnea with headache;father has CAD with stents;hyperlipidemia LDL 216 and nonHDL of 267;ekg shows sinus rhythm nonspecific St-T wave changes minimally;pt disabled due to hx of back surgery; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		CHEST PAIN, DOE, HX CAD W/STENT; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.;	4

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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		chest pain, dyspnea, diabetic, bmi: 33, hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		chest pain, dyspnea, hyperlipidemia, hx of nicotine dependence, bmi 31; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		chest pain, dyspnea, nicotine dependence (smokes 1 ppd X 35 yrs); This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Chest pain. Significant coronary artery disease is present.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected	16

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Chest Pain/Pressure and increasing Shortness of Breath upon mild exertion. Patient has lifestyle limiting claudication due to peripheral arterial disease and cannot walk much. PATIENT DID NOT HAVE PRIOR APPROVED (FROM 09/26/2024 - 12/25/2024) MYOCARDICAL ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		CHEST PAIN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Chest pressure, back pain, dyspnea, seizures, light headedness with standing and walking a short distance, neuropathy in feet and hands; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Diastolic heart failure (CMS/HCC);Type 2 diabetes mellitus without complication, without long-term current use of insulin (CMS/HCC);Closed fracture of first lumbar vertebra (CMS/HCC);Closed compression fracture of L2 lumbar vertebra, initial encounter ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Due to patient hx of AFIB, we are requesting MPI to assess for CHF per echo 2024 and recurrent chest pain.;He was sched for MPI in 2024 but did not show for testing.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		dypnea on exertion;angina;echo done 1/8/25 shows EF of 39% which is decreased from previous ef of 45-50%;paroxysma atrial fibrillation;dilated cardiomyopathy/chronic systolic heart failure; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		dyspnea, hyperlipidemia, nicotine dependence, hypertension, family history of cad; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		dyspnea, palpitations, attempted GXT and was unsuccessful at getting her heart rate to goal due to dyspnea and fatigue. Cardiologist recommends lexiscan nuclear test for further evaluation; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		EFindings on this consultation and discussion of cardiac issues described in the list of problems were addressed, modifications of risk factors were also discussed. Recommend proceeding with myocardial perfusion imaging study using pharmacological stimula; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Elevated calcium score at 216.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI),	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Elevated troponin on labs from PCP, strong family hx of CAD, known uncontrolled hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Failed Stress test .; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		FOLLOW UP TO ECH AND VASCULAR SCREENING; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary	4

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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		He is unable to exercise due to significant peripheral neuropathy.;Abnormal EKG: Poor R wave progression on EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		He states he went and put some fishing lines out with his cousin and started having chest hurting. This happened for a week then got better and then started having chest pain again. He has had some shortness of breath with exertion.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Hx of Atypical Chest pain/dyspnea: Hx of same. Was seen in 2021 and felt to be MSK then but with risk factors treadmill stress test was ordered and completed and unable to reach target heart rate.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		hypertension;chest pain and dyspnea with exertion;father had MI at age 45;ekg shows normal sinus with voltage criteria for left ventricular hypertrophy; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Lexi scan as she is unable to walk on the treadmill.;;He has known chronically totally occluded common carotid and internal carotid arteries on the right with less than 50% stenosis in the endarterectomized left internal carotid artery. She has complai; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Myocardial ischemia as a leading differential. A Lexiscan Myoview stress test will be scheduled resting EKG shows sinus rhythm with hyperacute T waves in the lateral T wave inversion. Patient's COPD will not permit him to exercise on a treadmill; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Non obstructive disease on angiography in 2021. Complains of chest pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Normal sinus rhythm. Low voltage in precordial leads. Old septal MI. Nonspecific T waves. Low voltage in precordial leads.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Normal sinus rhythm. Short PR interval. Voltage criteria for left ventricular hypertrophy. Intraventricular conduction delay. Nonspecific ST-T wave changes.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Notes: At this point we will repeat her echocardiogram and Lexiscan Cardiolite. I will also recommend a coronary calcium score. He states she has been compliant with her CPAP regimen at home. I will plan on seeing her back in the office in 4 to 6 weeks; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		November 2024 coronary calcium score was 459.3--344.2 in the LAD, 114.9 in the RCA, and 0.3 in the circumflex.Per severely elevated coronary calcium score.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Now, she is profoundly short of breath and has chest pressure and tightness after walking one to two blocks.;She does have a 2/6 systolic murmur at the aortic area and left sternal border.;chronic back pain, arthritis of the, joint pain, joint stiffness; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Obtain nuclear stress test to evaluate extent of myocardial ischemia, failed GXT Stress test; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Obtain nuclear stress test to evaluate extent of myocardial ischemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Paroxysmal atrial fibrillation, precordial chest pressure/tightness/heaviness. Fatigue and weakness. Syncopal episodeS.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient has chest pain, abnormal EKG, hypertension. She has significant hip pain and cannot walk on a treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient has chest pain, shortness of breath on exertion. She has a history of hypertension, hyperlipidemia, tobacco abuse. She had a submaximal treadmill stress test where she was only able to achieve 3.4 METs and did not reach her target heart rate due t; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient has chest pain, shortness of breath, jaw pain, presyncope, hypertension, hyperlipidemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient has chest tightness and shortness of breath on exertion with a history of coronary artery disease including three vessel bypass surgery. Pt has a history of diabetes. Patient has an abnormal EKG with T wave abnormality.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient has COPD and cannot walk on treadmill; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient has had 2 ov with testing and still complains of CP.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient has history of CAD, status post MI/stent in 2020, currently having chest pain. He has hypertension, hyperlipidemia, and diabetes.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient has PPM so stress echo is not an option.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient having chest pain and dyspnea on exertion. She has a history of cardiomyopathy. She states she is unable to walk on a treadmill due to shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is a 56 year old male new referral for chest pain. His medical history includes HTN, tobacco abuse, hyperlipidemia and history of known CAD. He works in a body shop and has been in Arkansas for 6 years. He last saw his Texas cardiologist 4 years a; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is unable to walk treadmill due to dizziness and vertigo. ref'd to ent.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient reports that for last few months he has been having increased exertional chest pressure, shortness of breath and pedal edema.;He increase Lasix from 40 mg twice daily to 80 mg twice daily under his own direction about a week ago because of the pe; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Pt had syncopal episode. Complains of CP with SOB. Father passed away @ 42 from MI. Brother hx of cabg at 56. ankle fractured and wearing boot so cannot walk treadmill.;Echo has been ordered but not performed. ;;awaiting MPI results to proceed with ad; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Pt has strong hx of CAD w complaints of CP; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.;	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Pt recently had STEMI I LHC. Pt still experiencing CP & SOB.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Pt unable to walk on treadmill 2/5/25 for RSE secondary to right leg pain. Pt reports pain from hip down to her toes and inability to walk any futher. RSE was stopped prematurely. She did experience emesis after RSE was completed. Pt will need to be resch; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		PTMST was submaximal; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Recent PPM checked showed new runs of VT.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		REVIEW OF SYSTEMS ;Review of Systems ;Constitutional: Positive for appetite change and fatigue. Negative for activity change and fever. ;HENT: Positive for trouble swallowing. ; Sometimes has difficulty getting food to go down ;Respiratory: N; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		RULE OUT CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		strong family history of CAD. elevated LDL cholesterol. EKG nonspecific ST-T changes.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		substernal chest pain with exertion;ekg showed normal sinus rhythm with evidence of old infarct;diabetic; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Systolic Dysfunction. LVEF 25% on current echo. Compensated. Currently on GDMT with Entresto and Toprol XL. Add Jardiance 10 mg daily. Hold off on aldactone due to renal insufficiency. Arrange for noninvasive ischemic evaluation with stress testing.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		tachycardia, dyspnea, substernal chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;	3

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;	3

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;	3

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a 49-year-old man who presents for follow-up. He was last seen in the office in November 2023. He has a history of coronary artery disease status post coronary intervention and Wisconsin back in 2020.Over the last month he has had increasing short; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	8
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	36

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is unknown if Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; It is unknown when the symptoms began or changed	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	16

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The	3

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year;	12

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study	3

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via BBI.; The ordering MDs specialty is Cardiology; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	3

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	12

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is On continuous oxygen therapy	12

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a Body Mass Index (BMI) greater than 40	3

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist	6

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a history of Coronary Artery Bypass Surgery (CABG); The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology	6

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a known revascularization by insertion of a stent; The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology; The vessel that had the stent inserted is Left	3

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a permanent pacemaker or Automatic Implantable Cardioverter/Defibrillator (AICD); The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology	3

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	28

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	60

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is NOT a Medicare member.	9
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	252

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	80

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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	16

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected	92

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	16

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	8
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	36

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	12
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	44
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	16

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	116

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	16

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed more than one year ago	20

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed more than one year ago	24

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	64

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	580

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	3

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	32

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; No treatment or therapy was given for this diagnosis or it is unknown	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	12

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	6

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	20

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; No treatment or therapy was given for this diagnosis or it is unknown	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	48

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		We are starting rosuvastatin 10 mg p.o. nightly. Lipid profile, ALT and AST in 3 months. Findings on this consultation and discussion of cardiac issues described in the list of problems were addressed, modifications of risk factors were also discussed. Re; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		year old male here today for new patient evaluation of his abnormal echo. ;11/9/2024 Arterial u/s showed no evidence of arterial occlusive disease. ;Echo 11/15/2024 EF 50-55%, mild LVH, trace MR, and mild aortic valve calcification, trace TR;Patient pr; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or	4
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography			88

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities; This study is being ordered for Follow-up to a prior test	3

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Exercise Treadmill Testing has been completed; Results of the Exercise Stress Test indicate other cardiac imaging tests were needed; Exercise Treadmill testing was completed more than 6 Weeks ago; This study is being ordered for Follow-up to a prior test	3

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic; This study is being ordered for a history of heart valve disease.	3

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic; This study is being ordered for a history of heart valve disease.	3

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology	12

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic; This study is being ordered for a history of heart valve disease.	3

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The murmur is NOT described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for a Murmur; This study is being ordered for none of the above or don't know.	3

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; EKG has been completed; The EKG was considered abnormal; The abnormality was Q Wave changes; This study is being ordered for Follow-up to a prior test	27
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; EKG has been completed; The EKG was considered abnormal; The abnormality was ST wave changes; This study is being ordered for Follow-up to a prior test	3

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed failed to confirm chest pain was of cardiac origin; This study is being ordered for Chest pain of suspected cardiac etiology	6

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology	69

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered as a pre-operative or post operative evaluation.	87
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for an infection of the heart.	6

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for congenital heart disease.; This study is being ordered for none of the above or don't know.	12
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation of an abnormal heart rhythm.; This study is being ordered for none of the above or don't know.	24

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart.; This study is being ordered for none of the above or don't know.	6
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	45

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for possible or known pulmonary hypertension.; This study is being ordered for none of the above or don't know.	3

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress	3

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a pre-operative or post operative evaluation.	3
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	24

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	36
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	6

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	30
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	15

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is Cardiology	3

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; A previous Transthoracic Echocardiogram was done 3 or more months ago; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is Cardiology	15

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is Cardiology	9
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	12

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	4
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	4

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

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

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

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	8

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	12
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	96

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	76
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	44
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	36

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	112

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	24
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	8

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has NOT been at least 12 months since the last echocardiogram was performed.; It is unknown if the patient is experiencing new or changing symptoms related heart valves.	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 10 - 11 months since the last echocardiogram.	8
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	48

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	8
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It is unknown when the last echocardiogram was performed.	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	676
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	8
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	228

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	8

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	40
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	344

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	28
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patientÆs cardiac symptoms.	12

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	548

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	12

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	8
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	28

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	4
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	216

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	24
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	500

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	32

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	8

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood	12

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of	16

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of a recent myocardial infarction (heart attack).; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	24

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	8

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular	8

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	36

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	60

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.;	16

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac	12

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or	8

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	84
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	8

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Pericardial Disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.	4
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	8

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	1844
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	32

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; It is unknown if there is known valvular heart disease.; Pre-existing murmur best describes the reason for ordering this study.	4
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed 6 weeks or less ago; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	16

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	128

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; It is unknown when the last TTE (Transthoracic Echocardiogram) was completed	24

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was 3 months ago or less	12

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms is unknown; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	16

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; There is known valvular heart disease.; The last TTE (Transthoracic Echocardiogram) was 6 months ago or less; The patient's valvular heart disease is moderate to severe.; Pre-existing murmur best describes the reason for ordering this study.	4
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; There is known valvular heart disease.; The patient's valvular heart disease is mild.; Pre-existing murmur best describes the reason for ordering this study.	8

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	4
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	8

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	128
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	1012
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	60

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed more than 6 weeks ago; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	40

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	232

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	404

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	256

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	8

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	20

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; There is known valvular heart disease.; A previous TTE (Transthoracic Echocardiogram) has not been completed; The patient's valvular heart disease is moderate to severe.; Pre-existing murmur best describes the reason for ordering this study.	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; There is known valvular heart disease.; The last TTE (Transthoracic Echocardiogram) was more than 6 months ago; The patient's valvular heart disease is moderate to severe.; Pre-existing murmur best describes the reason for ordering this study.	12
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Undergoing chemotherapy best describes the reason for ordering this study	20

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Cannot agree/affirm; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	156
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	3

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	8

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	12

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	7

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	52

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	36

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; No treatment or therapy was given for this diagnosis or it is unknown	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	28
Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report			6

Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; It is unknown why this study is being requested.; The patient is 18 years of age or older.	4
Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.	16

Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for diagnosis and management of infective endocarditis.; The patient is 18 years of age or older.	7
Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	271

Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of persistent fever in a patient with any intracardiac devise (artificial valve, pacemaker, ASD closure device etc).; The patient is 18 years of age or older.	4
Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	12

Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	67
Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	24

Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;			18
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	4
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	41

Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	16

Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is On continuous oxygen therapy	15

Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via BBI.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); The ordering MDs specialty is Cardiology	4

Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); Agree; The ordering MDs specialty is Cardiology	16

Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled ; Agree; The ordering MDs specialty is Cardiology	84

Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed less than 12 months	3

Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a Body Mass Index (BMI) greater than 40; Agree; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	15

Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a documented ejection fraction of less than or equal to 40%; Agree; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	3

Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; Agree; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	6

Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	4
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	16

Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has NOT been performed recently; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology	8
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is NOT a Medicare member.	6

Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	16

Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	652
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	4

Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	7

Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	4
Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	4

Cardiology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine needle aspirate was done.	4
Cardiology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

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

Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease	4

Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there is radiologic evidence of mediastinal widening.; This is a request for a Chest CT.; This study is being ordered for vascular disease other than cardiac.	4
Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	3
Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	12
Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	12

Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4

Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is unknown if this is for PreOp, Post Op or CTA/MRA follow up.; Yes, this is a request for a Chest CT Angiography.	4
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; It is unknown if the patient has an elevated D-dimer blood test.	4

Cardiology	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	Ventricular premature beats; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	4
Cardiology	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Cardiology	Disapproval	72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Cardiology	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the upper extremity.	4

Cardiology	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Cardiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
Cardiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; This is NOT a Medicare member.	4

Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	15
Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Other not listed; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; It is unknown if this imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA	3

Cardiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Biliary obstruction suspected; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; Agree; This Heart MRI is being requested for valvular heart disease; The ordering provider's specialty is NOT Pediatrics, Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery; The TTE was performed 6 months ago or less; The results were inconclusive	4
Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evalutation of coronary calcification.	24
Cardiology	Disapproval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for a Heart CT.	4

Cardiology	Disapproval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for Heart CT Congenital Studies.	12

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	1. Palpitations - R00.2 (Primary) ;;2. Abnormal EKG - R94.31, Given her substernal chest discomfort and abnormal EKG withworsening ST depressions throughout the precordium, we will order a cardiac CTA coronary.We will see each other in 3 months ;;3. P; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms	4

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	A CT scan will be ordered to evaluate her coronary arteries. Chest pain, SOB; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Clinical Notes: Exertional chest pain is concerning for angina. She has a strong family history of ischemic heart disease. ECG today without ischemic changes. Discussed testing options: Functional to rule out ischemia versus anatomical to rule out signifi; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Due to findings of NSVT on monitor, will plan for CTA with FFR at Kanis and Cardiac MRI at SV Infirmary for workup of other etiologies of her symptoms especially with marked palpitations that led her to the emergency department multiple times now.; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing	4

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Given patient's chest pain, palpitation, near syncope, dizziness and history of smoking. Request further evaluation for possibility of coronary anomalies or coronary artery disease; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;	4

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	history of CAD, DM, Hyperlipidemia, L carotid bruit, Diverticulosis, Adenocarcinoma, Palpitations, Ataxia, and Neuropathy ; He reports continued episodes of occasional dizziness, lasting 20 seconds or less. One episode a couple of months ago was ex; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest	4

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	n/a; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery	4

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	New patient appt for evaluation of chest pain. Described as sharp, shooting pains. Comes on intermittently without clear exertional aggravators. Some vague dyspnea associated with the spells. Each last about 5 mins. Risk factors: family history ,htn, lipi; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest	4

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Precordial chest pain;Dyspnea on exertion;Abnormal EKG;Severe obesity (CMS/HCC);Anginal equivalent; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested	4

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	see attached; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery	8

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The condition is known; This study is requested for coronary artery disease	3

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	8

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	8
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The patient is Female.; The condition is suspected; No other testing has been done in the last 6 weeks; The member is under 60 years old; This study is requested for coronary artery disease	3

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	16
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	8

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	8
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	24
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; This study is requested for none of the above	3

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Toe Brachial Index (TBI); The study was abnormal	4
Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; It is unknown if the patient had any other studies	4
Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	4

Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	90

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	12

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

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

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	8

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

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

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1. Recurrent chest discomfort in the patient at intermediate risk for having coronary artery disease, likely indicative of angina despite recent exercise stress echocardiogram, which showed her to be at intermediate risk of cardiac morbidity and mortalit; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1.Chest pressure/shortness of breath/palpitations/lower leg edema/abnormal EKG.;2.Precordial chest pain. 4/24/19 MPI: Probably normal myocardial perfusion imaging study. Fixed small size, mild intensity apical cap defect that likely 07/13/22 MPI-Negat; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1.Orthostatic syncope. Holter monitor did not explain patient's symptoms.;2.Orthostatic hypotension. Patient dropped systolic blood pressure by 24 mmHg from supine to standing position.;3.Postural dizziness due to postural hypotension.;4.Ejection F; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	63-year-old white female who complains of severe dyspnea on mild exertion, simply taking a shower and washing her hair causes the patient to be severely dyspneic. Patient describes episodes of fatigue/weakness, occurring in a random fashion, variable dura; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Abnormal ekgAssessments ; ;;1. Pre-op evaluation - Z01.818 (Primary) ;;2. Abnormal ECG - R94.31 ;;3. DOE (dyspnea on exertion) - R06.09 ;;4. Family history of ASCVD - Z82.49 ;;5. HLD (hyperlipidemia) - E78.5; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Blood pressure 118/82, pulse (!) 58, height 5' 3" (1.6 m), weight 83 kg (183 lb), not currently breastfeeding.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	CAD s/p PCI to mid LAD with Synergy 3.0x20 mm DES in the setting of STEMI. Has residual severe 80% stenosis in small RPDA, mild proximal RCA 30% stenosis and mild to moderate 50% LCx stenosis.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	CAD s/p stent, Order Stress Test,to test for restenosis. Hypertension. ;Tobacco use. ;Fx of heart disease; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	cardiac murmur;copd;chest tightness shortness of breath;diabetic type 2;hypertension;smokes 1ppd x50yrs; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	cardiology for coronary artery disease, hypertension, hyperlipidemia. They are here today for an office follow up. Patient does have history of coronary artery bypass grafting in the past. She continues on dual antiplatelet therapy as well as rosuvastatin; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain, dyspnea, palpitations,nicotine dependence,family hx of cad, hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain, hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	CHEST PAIN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chronic systolic heart failure, nonischemic cardiomyopathy status post ICD placement, non sustained VT noted on recent device check, type 2 diabetes, dyslipidemia,, hypertension, bmi 30; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Coronary CTA that was ordered was denied by insurance company. Since patient is having continued anginal equivalent chest pain, will order a exercise nuclear stress test based on negative exercise treadmill test and denial of coronary CTA.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	December 2024 echo revealed EF at 50-55%, mild mitral and aortic regurgitation, and RVSP elevated at 30-40 mmHg. The patient reports shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Described chest pain has some typical and atypical features. ECG today with evidence of conduction disease as detailed below. Requesting recent lab work for A1c and lipid panel for further risk stratification. Discussed testing options: Functional to rule; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown IfAtherosclerosis of native coronary artery of native heart without angina pectoris;Abnormal cardiovascular stress test;Abnormal EKG;Hypercholesterolemia;Family history of heart disease;Family history of hyperte; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	established care for HTN. Was switched from Amlodipine to losartan-HCTZ 50-12.5 mg daily. His BP is controlled today and reports it has been controlled at home. Had one episode recently where he could feel his heart beat in his ears. This has happened 2 o; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Failed regular stress test. Precordial Pain: Left sided chest and interscapular back pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Had chest pain at Christmas. States he was resting when it occurred, & it lasted 30 minutes then resolved. He did not check his BP at the time. He also is having intermittent palpitations. Has been using CBD gummies to help him sleep, and also amitriptyli; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	He reports that he has been noticing exertional shortness of breath this is typical when he starts walking or when he takes a flight of stairs.;;He also feels like his heart is racing along with shortness of breath. EKG today shows sinus rhythm with vo; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	history of methamphetamine abuse currently on Suboxone;;bilateral lower extremity edema from knees to ankles intermittently;;smoker 1ppd;;hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	History of pulmonary embolus (PE);Encounter for monitoring Coumadin therapy;Hypovitaminosis D;Obesity (BMI 30-39.9);Personal history of DVT (deep vein thrombosis);Allergic rhinitis;HTN (hypertension), benign;Plantar fibromatosis;Gastrocnemius equi; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	hyperlipidemia, palpitations, cigarette smoker, htn, family hx of CAD, chronic exertional dyspnea, increased heart rates; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Immediate family history of MI and CABG; dyspnea, chest pain, fatigue, and palpitations; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Is a 56-year-old male risk factor including hypertension hyperlipidemia type 2 diabetes COPD current smoker is here for evaluation of chest pain shortness of breath refractory for his inhaler concerning for angina. Talked about the benefit of nuclear stre; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Mr. Chapman is a 53-year-old male with history of CAD s/p PCI and a single-vessel bypass heart failure with reduced ejection fraction of 30 to 35% based off echocardiogram in January 2024, s/p AICD placement, diabetes, hypertension, and hyperlipidemia. He; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Ms. Sasha Moore is a 51-year-old woman whose cardiac risk factors include hypertension, family history of heart disease, ongoing tobacco abuse, and obesity as her body mass index exceeds 30 kg per meter squared. The patient also has a history of palpitat; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	N/A; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	N/A; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	NA; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	NO; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Normal sinus rhythm. Poor R wave progression V1-V3. Septal subepicardial ischemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Obtain nuclear stress test to evaluate extent of myocardial ischemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	palpitations, dyspnea, chest pain, and hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient c/o increasing sob and tiredness. resting ekg is abnormal with non-specific ST changes. She attempted a bike stress echo but was unable to go longer than 1 min 30 sec. Test is non-diagnostic. Patient uses a cane, has had left hip surgery and i; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient had stents placed in 2010 and presents with chest pain and progressive shortness of breath. chest discomfort is pressure like and comes and goes for hours.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient has chest pain, history of SVT. Abnormal EKG with possible anterior infarct. Pt has hypertension, diabetes, current smoker, history of falls, arthritis and joint pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient has history of Myocardial infarction in 2017. Patient has new symtpoms with no other testing being completed.Ekg perfomred on 02/17/25 shows right bundle branch block.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient has lupus and has joint issues that make mobility challenging at times. She has has episode of sharp cp radiating down arm with diaphoresis.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient has substernal chest pain, shortness of breath, nausea. This is provoked with exertion and also occurs at rest. She has a family history of coronary artery disease. She has lupus, chronic back and joint pain and is unable to walk on a treadmill ad; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient having chest pain. She has multiple risk factors for CAD including diabetes, hypertension, hyperlipidemia, history of obesity (recently lost 80 pounds), and family history. She has an abnormal baseline ECG so physician is requesting pharmacologi; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient was admitted for flu had runs of SVT, appear to be EKG changes.;Patient is unable to remember if they had chest pain during this time due to illness.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient was seen in OS facility and transferred for cardiology consult. Patient has Afib w RVR no prior hx.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation to rule out underlying ischemia. Due syncope, the patient is unable to perform a standard treadmill stress test. Discussed RED flag symptoms that would require ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	right heart cath, pulmonary HTN, and to reassess CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	RULE OUT CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Spinal stenosis of lumbar region with neurogenic claudication;Migraines;Osteoarthritis of knee;Gouty arthropathy;OSA (obstructive sleep apnea);Irritable bowel syndrome with both constipation and diarrhea;Chronic constipation;Esophagitis determined ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Steven is here with his mother for follow-up to a recent ER visit for complications of chest pain. He notes on Monday he began having pain in the chest as well as the left shoulder. He proceeded to the ER for evaluation. His mother notes a family histo; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	tachycardia;sharp left lateral and central chest pain with dyspnea;lightheadedness;bmi 37;hypertension;hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	These symptoms have worsened over the last two years and now she is so short of breath that she cannot walk 20 feet. She is still unable to walk 20 feet without coughing and severe shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year;	9

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year;	3

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year;	3

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year;	6

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a Body Mass Index (BMI) greater than 40	6
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	3

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	8

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	12
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	20

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	20
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	12

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	52

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	8

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	16

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	3

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	6

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	8

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	12

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	7

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	11

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	40

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	3

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	UNKNOWN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary		3

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities; This study is being ordered for Follow-up to a prior test	3

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; It is unknown if the murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for a Murmur; This study is being ordered for none of the above or don't know.	3

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	6

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	3

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It is unknown how long its been since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	3

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology	3

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered as a pre-operative or post operative evaluation.	3
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for an infection of the heart.	3

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for possible or known pulmonary hypertension.; This study is being ordered for none of the above or don't know.	3

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress	3

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a pre-operative or post operative evaluation.	3
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	21

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are NO new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	6
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	6

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	3
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	12
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	8

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is NOT for initial evaluation of a murmur.; It is unknown if this is a request for follow up of a known murmur.	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	4
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	8
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	8

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	36
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	4
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	24

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	12
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	156

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	4
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	48

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; It is unknown if it has been at least 24 months since the last echocardiogram was performed.	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	4
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	8

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	8

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	28
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	36

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	24

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an evaluation of new or changing symptoms of valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	32

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	40

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	12
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	40

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; It is unknown when other cardiac stress testing was completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	8

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was 3 months ago or less	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms is unknown; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	8

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	12

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	16

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	24
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	3

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	3

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	3

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	15

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; No treatment or therapy was given for this diagnosis or it is unknown	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	6

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	16

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	32

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	8

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	3

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	44

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	15

Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	8

Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	Pt needs DOT Clearance. Had echocardiogram on 1/21 but with CAD diagnosis, needs further testing. Hx of STEMI 10/22, prev RSE done in 2023 had baseline abn EKG with T-Wave abnormality in anterior leads.with exercise, T-inversion noted in Q46; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is not experiencing new or changing cardiac symptoms.; The	4

Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	3
Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	22

Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a Body Mass Index (BMI) greater than 40; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	3

Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Left Anterior Descending	3

Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above	6
Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	4

Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	28
Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	3
Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is NOT a Medicare member.	3

Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	16
Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	8

Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Chiropractic Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	4
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	7
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	3

Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	3
Chiropractic Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	3
Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for follow-up for active treatment.	4

Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requeted for initial staging.	4
Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for suspected metastasis.	3

Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is fistula.	4
Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for follow-up for active treatment.	4

Colon & Rectal Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	3

Colon & Rectal Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	4

Colon & Rectal Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	3

Colon & Rectal Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound results are unknown.; A contrast/barium x-ray has NOT been completed.; It is unknown if the patient have an endoscopy.; The patient is Male.	3

Dermatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	3
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4

Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	4
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	4

Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4

Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	8
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	20

Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4

Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Doctors and Rehabilitation	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	4
Doctors and Rehabilitation	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	4

Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4
Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4
Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	8

Emergency Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	4
Emergency Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	4

Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	4
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4

Emergency Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	4

Emergency Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	4

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

Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	4
Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4

Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	4

Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	3
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	4
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	4

Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Emergency Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requeted for initial staging.	4

Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned for within 30 days.	4
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	4
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

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

Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	16
Emergency Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; The type of suspected cancer is not listed.	4

Emergency Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other not listed best describes the reason for this procedure.	4
Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected	4

Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a history of Coronary Artery Bypass Surgery (CABG); The last Myocardial Perfusion Imaging procedure was performed less than 12 months	3

Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	4

Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	4
Emergency Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	3

Emergency Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	4

Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	12

Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4

Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	4
Emergency Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4

Emergency Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"	4
Emergency Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4
Emergency Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4

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

Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4

Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	8
Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	3

Emergency Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	3

Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	8
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4

Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
Emergency Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Emergency Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	8
Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Prior surgery was noted as an indication for knee imaging; The surgery was NOT done in the past 90 days.	4

Emergency Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

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

Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	4

Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4
Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	4

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

Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.	4

Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Emergency Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4

Emergency Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	4
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	4
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.	4
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.	4

Endocrinology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	3
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.	3
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	4

Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	20
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	20

Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; It is unknown if the patient has a biopsy proven cancer	8
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	4

Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient is between 50 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.	4
Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for known tumor.	4

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

Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound.	4
Endocrinology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	8

Endocrinology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	4
Endocrinology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Endocrinology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4

Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	8
Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.	4

Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	4
Free Standing Surgery Center	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	4

Gastroenterology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.	4
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor	4

Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	4

Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.	4

Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; It is unknown if there is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Gastroenterology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Gastroenterology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was inconclusive; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	16
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.	4

Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	4
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.	4

Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.	7

Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.	4
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	4

Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The spleen is enlarged.; This is NOT a Medicare member.	4

Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; No treatment or therapy was given for this diagnosis or it is unknown	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4

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

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	15
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Reason: Abdominal pain (system matched response); abdominal pain; It is unknown if this study being ordered for a concern of cancer such as for	3

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	3

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	16
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	8
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Pancreatitis, necrotizing; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

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

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	3
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	4

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

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; The patient is Female.	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	16

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

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

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	17

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

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam are unknown.; The patient is Male.	3
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	3
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	7
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	11

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

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan is the only has been previously conducted.; Hernia best describes the reason for this procedure.; The patient's hernia is Epigastric.	3
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan is the only has been previously conducted.; Prior imaging was abnormal; Persistent pain best describes the reason for this procedure.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A diagnostic imaging procedure not listed has been previously conducted.; Persistent pain best describes the reason for this procedure.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	4

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

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound is the only has been previously conducted.; Bile duct stone best describes the reason for this procedure.; Prior imaging showed enlarged bile ducts.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is not listed.	16
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other not listed best describes the reason for this procedure.	16
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient is on medication for this condition; The patient’s symptoms are continuous (ongoing); Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is Crohn’s disease.	4

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

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	4

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance .	24
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	4
Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	4

Gastroenterology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	4

Gastroenterology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	4
Gastroenterology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	8

Gastroenterology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4
Gastroenterology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	4

Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	4

Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	4
Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	8

Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Gastroenterology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Gastroenterology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4

Gastroenterology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	4
Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	4

Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	4

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

Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; No treatment or therapy was given for this diagnosis or it is unknown	4

Gastroenterology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; DISCONFORT	4
Gastroenterology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4

Gastroenterology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Acute Non-ulcerative Colitis.	4

Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.	3
Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	12

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	4

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	4

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	3

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	3

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or	3

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

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Reason: ELSE (system matched response); fibrosis fatty liver; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	3

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Reason: ELSE (system matched response); rectal bleeding; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Patient has gastritis and abnormal weight loss; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); suspected bowel obstruction; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

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

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

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	20

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

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

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); The patient is Female.	4

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	12
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	4

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

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

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	An ultrasound has been previously conducted.; Prior imaging was normal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	3

Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	No prior imaging has been conducted; Persistent pain best describes the reason for this procedure.	4
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is on medication for this condition; The patient’s symptoms are worsening; The ordering provider's specialty is Gastroenterology.; Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is Crohn’s disease.	4

Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance .	4
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is other	8
Gastroenterology	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Radiology Services Denied Not Medically Necessary	This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	4

Gastroenterology	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Radiology Services Denied Not Medically Necessary	This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	4
Gastroenterology	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Radiology Services Denied Not Medically Necessary	This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	4

Gastroenterology	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	52

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	3

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	8

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	63
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	12
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	16

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	8
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	20

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	8
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is a Medicare member.; Headache best describes the reason that I have requested this test.	4

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	8
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	12

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	12
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	3

General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4

General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is not a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-	4
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	20

General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	12
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"	8

General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	11
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for osteomyelitis.; The patient has completed a prior x-ray. ; This patient cannot have an MRI.	4

General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The patient had 1 course of antibiotic treatment.	4

General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The patient had 2 courses of antibiotic treatment.	8

General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	12
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.	20

General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The patient had 1 course of antibiotic treatment.	4

General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The patient had 2 courses of antibiotic treatment.	12

General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	50

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

General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	20
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.	8

General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	4
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.	8

General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.	12
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.	4

General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	40
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.	8

General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.	7
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	4
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	12

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

General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent ischemic stroke (TIA) best describes the clinical indication for requesting this procedure	4
General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	4
General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	11

General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	3

General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery	4

General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure	4
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure	4

General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	3
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	3

General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	3

General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	4
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	4

General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		It is unknown if there is a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; It is unknown if there is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	4

General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This is a request for a sinus MRI.; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is not evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study."; This patient has been treated with medications for at least four weeks with no improvement.	4
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	15

General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	36
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	18
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	9

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	3
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	3
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	6

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are NO documented localizing neurologic findings.	3
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	3

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	3
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test.	6

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Vertigo - "spinning dizziness" best describes the reason that I have requested this test.	12
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	12

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	80
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	304
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	104

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

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	60
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	8

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	68
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has fatigue or malaise	8

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

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	8
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The patient has NOT had a Brain MRI in the last 12 months	8

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

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

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	16

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.; The patient has hearing loss.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	8

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	12
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	12

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	84
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4

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

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	8

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.; The patient had 1-3 episodes in the last 24 months	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	52
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	16

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed more than 12 months ago; The patient has a biopsy proven cancer	8

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include worsening Parkinson's symptoms.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; It is unknown if there has there been a change in seizure pattern or a new seizure.	8

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	64
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	12

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; No treatment or therapy was given for this diagnosis or it is unknown	16

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	3

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; This is a request for a Thorax (Chest) CT.; This study is being ordered for work-up for suspicious mass.	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	83
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	204
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; Abnormal mass in the chest, chest wall, or lung is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor	3
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).	8

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; 'None of the above' led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	8

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.	8

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

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there is radiologic evidence of mediastinal widening.; There is not a known inflammatory disease.; There is not a known tumor.; There is known vascular disease.; The patient is NOT having an operation on the chest or lungs.; This is a request for a Chest CT.; This study is being ordered for a pre-operative evaluation.; The study is being ordered for none of the above.	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		It is unknown if surgery is scheduled within the next 30 days.; The patient is having an operation on the chest or lungs.; This is a request for a Chest CT.; This study is being ordered for a pre-operative evaluation.; The study is being ordered for none of the above.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		It is unknown if they had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	8

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Another abnormality was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.	3

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	3

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

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

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4

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

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Thorax (Chest) CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; This is a request for a Chest CT.; This study is being ordered for follow up trauma.; The study is being ordered for none of the above.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of mediastinal widening.; This is a request for a Chest CT.; This study is being ordered for vascular disease other than cardiac.	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	28
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		They did not have a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	20

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	116
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.	4

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

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was normal; A PFT (Pulmonary Function Test) has been completed that shows restrictive lung disease	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	20
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	84

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	76
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	20
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	80
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has NOT been completed	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; It is unknown if there is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	8
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	56
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for known tumor.	8
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	8
General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	24

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	8
General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	15

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is 49 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.	8

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the	16

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily vapes.	4

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; It is unknown what the patient primarily smokes.	4

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; It is unknown how many pack years the patient has smoked.; The pack year (PPY) is documented in the	3

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The pack year (PPY) is NOT documented in the patient's chart.	4

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	233

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	514

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily vapes.	4

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient is 78 years old or older.	16

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.	4

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the	4

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	156

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	444

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient is between 50 and 77 years old.; The pack year (PPY) is NOT documented in the patient's chart.	8
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing			3

General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	12
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; No previous Chest CTA has been performed	4

General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	55
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does have an elevated D-dimer blood test.	12

General/Family Practice	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for follow-up to trauma.; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; This is a request for a chest MRI.; The ordering physician's specialty is NOT Surgery, Pulmonary Medicine, or Cardiology.	4
General/Family Practice	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	4

General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		It is not known if there are documented findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for none of the above.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.	4

General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is NOT experiencing or presenting symptoms of any of the listed neurological deficits.	4

General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There has not been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has had 3 or fewer follow-up Cervical Spine CTs.	4

General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	12
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.	3

General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for known or suspected multiple sclerosis (MS) infection or abscess.; There is a reason why the patient cannot have a Cervical Spine MRI.; There is laboratory or x-ray evidence of multiple sclerosis on a brain scan	4

General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material		The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.	4
General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.	4

General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.	4
General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	4

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

General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.	4

General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There has not been a recurrence of symptoms following surgery.; There is x-ray evidence of a recent lumbar fracture.	4

General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; pt is having severe lumbar pain and is not moving very well; There is not x-ray evidence of a recent lumbar fracture.	4

General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; pt is in severe back pain and on right side; There is not x-ray evidence of a recent lumbar fracture.	4
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4

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

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	8

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	24
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	3

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	7

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; It is not known if the pain began within the past 6 weeks.; This is a Medicare member.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	12

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	40

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	24
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	71

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Arnold-Chiari Malformation describes the reason for requesting this procedure.	3
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; No treatment or therapy was given for this diagnosis or it is unknown	16

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

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	16

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	3
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	3
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; No treatment or therapy was given for this diagnosis or it is unknown	16

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			3
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	8

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	12
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4

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

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is General/Family Practice	24
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	140
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	24

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	39
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	44

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

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Recent evidence of fracture documented by x-ray	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	39
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is NOT being ordered for acute or chronic back pain	12

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Ice and/or heat has been used for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	16

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	12
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Ice and/or heat has been used for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	140

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	52
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient had an Abnormal EMG (Electromyography); This procedure is NOT being ordered for acute or chronic back pain	8

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Dermatomal sensory changes on physical examination; This procedure is NOT being ordered for acute or chronic back pain	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Focal extremity weakness; This procedure is NOT being ordered for acute or chronic back pain	8

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has New symptoms of paresthesia evaluated by a neurologist; This procedure is NOT being ordered for acute or chronic back pain	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Physical exam findings consistent with myelopathy; This procedure is NOT being ordered for acute or chronic back pain	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Cannot agree/affirm; The patient has Focal extremity weakness; This procedure is NOT being ordered for acute or chronic back pain	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

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

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

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	16
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	16

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	3

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.	4

General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	4

General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	8

General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	24
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	4

General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	15

General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; It is not known if the ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient.; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "Caller does not know whether there are radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or	4

General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to organ enlargement.; There is no ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.	4
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.	4
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	8

General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Other not listed best describes the reason for this procedure	4
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was chiropractic care.; Four weeks or more of conservative treatment was completed.; The treatment was completed within the last 6 months.; An Xray has been previously conducted.; The pain is musculoskeletal	4
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; The pain is best described as other not listed	4

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

General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	4
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer status is unknown	8

General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; Other not listed describes the patient's uterine condition.	8
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; The patient has uterine or adnexal mass(es); The patient had a previous Ultrasound.; The ordering provider's specialty is NOT OB/Gynecology, Surgery or Surgical Oncology.	4
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is unknown.	16

General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was physical therapy.; Four weeks or more of conservative treatment was completed.; The treatment was completed within the last 6 months.; An Xray has been previously conducted.; The pain is musculoskeletal	4
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Persistent pain best describes the reason for this procedure; The pain is best described as other not listed	4

General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy is planned in 6 months or less; The ordering MDs specialty is NOT Urology	12
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	28
General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.	8
General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	12

General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	19

General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	12
General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	28

General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	18
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	8
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	12

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	3

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

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Home PT exercises given to	3

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	12

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	56

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ON 11/11/2024 PHYSICAL THERAPY-RIVER	4

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	16

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

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	8

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	40
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	4

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

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	16

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient recevied medication other than joint injections(s) or oral analgesics.; Paroxetine HCL 20mg 1 by mouth Q day;;Buspirone 15mg	4

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	8

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	16
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	4

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	16
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	4

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient has documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient has an abnormal plain film study of the joint.	4

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	8

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	3
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material			3

General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	8
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	12

General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is not a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last 2 weeks.; The patient has a documented limitation of their range of motion.	8
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Leg CT.	16
General/Family Practice	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	4

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences			3
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There is a pulsaitile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed.	4

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

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

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; Surgery is planned in the next 30 days.; A biopsy has NOT been completed.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not been treated with crutches, protective bootm walking cast or immobilization for at least 4 weeks.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	4

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An MRI showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	4

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	35
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3

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

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

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

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	12
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	12

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	44
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	109

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	7
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	12

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Suspicion of infection was noted as an indication for knee imaging	3
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	43
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	11

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The member has a recent injury.	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	20
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	12
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	15

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	28

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4

General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	19
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; It is not known if there is a suspicion of tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	4
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuryis not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	4

General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	4
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	19

General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; This is a Medicare member.	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA> 10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; This is NOT a Medicare member.	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is a Medicare member.	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	32
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by labs.; A Catecholamine lab test was completed and found to be abnormal.	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.	8

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Diabetic patient with gastroparesis.	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; This is a Medicare member.	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	32
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Something other than the spleen, liver or kidney is enlarged.	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	16

General/Family Practice	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	12

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	8

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	16

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

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

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.	3

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	7

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	43

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.	8

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	8

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	3

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4

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

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	28

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

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	7

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	12
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	47

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

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	8

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or	8

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or	3

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is follow up trauma.; There is not laboratory or physical evidence of an intra-abdominal bleed.; There is physical or abnormal blood work consistent with peritonitis or abdominal abscess.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	24

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	44
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	8

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	32

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

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Patient reports two spots on lower abdomen that bulge out when coughing. Most likely hernias. Will evaluate with CT. Pt. still having daily persistent abdominal pain with distension despite improvement in ileus. Pt. has colonoscopy scheduled; however, its; This is study NOT being ordered for a concern of cancer such	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	11
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	20

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	15

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT	3

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.	8

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	7

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.	8

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is not an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	103

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam are unknown.; The patient is Female.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	19

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

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; The patient is Female.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	54
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	7

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Male.	3
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	6

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

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam are unknown.; The patient is Female.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	74

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

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

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); The patient is Female.	7

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

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

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	60
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Male.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	20
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	12

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	23
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.	12

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	20
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	149

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	28
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

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

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

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

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was inconclusive; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	8
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan is the only has been previously conducted.; Bile duct stone best describes the reason for this procedure.; Prior imaging showed enlarged bile ducts.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan is the only has been previously conducted.; Prior imaging was abnormal; Persistent pain best describes the reason for this procedure.	7

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan is the only has been previously conducted.; Prior imaging was inconclusive; The last inconclusive results more than 60 days ago.; Persistent pain best describes the reason for this procedure.	3
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	4

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is not listed.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other not listed best describes the reason for this procedure.	22

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	12
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	8

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

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

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is other	8
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	12
General/Family Practice	Approval	74263 Computed tomographic (CT) colonography, screening, including image postprocessing		This is a request for CT Colonoscopy for screening purposes only.	4

General/Family Practice	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		This is a request for a CT scan for evalutation of coronary calcification.	4
General/Family Practice	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		1. Angina, class II - I20.9 (Primary) ;;2. Agatston coronary artery calcium score less than 100 - R93.1 ;;3. Chronic fatigue - R53.82 ;;4. Dizziness - R42 ;;5. Dyslipidemia, goal LDL below 70 - E78.5 ;;6. Essential hypertension - I10 ;;7. Fami; This is a request for CTA Coronary Arteries.; The patient had a recent CCTA to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;	4

General/Family Practice	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via BBI.; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4

General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	4
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	12
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The results of the study are unknown	4

General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was normal	4
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had another study not listed	19
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The patient has dense breast tissue.; The patient has not completed a mamogram.; This study is being ordered as a screening examination.	3
General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The reason for the screening examination is unknown.; This study is being ordered as a screening examination.	3

General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The patient has a lifetime risk score of greater than 20.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The patient has a family history of breast cancer.; This study is being ordered as a screening examination.	3
General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	8

General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetric testing or a suspected implant rupture.	4
General/Family Practice	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This is a request for a Bone Density Study.; This patient had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.; The patient has not been on steroid therapy for more than 3 months.; This is a repeat study due to a change in treatment or a change in symptoms of osteoporosis.	8

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

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		CHEST PAIN, LEFT ARM HYPERSENSITIVE, SOB WITH ACTIVITY; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		patient cannot walk on treadmill due to ankle pain, and hip pain. patient has history of stroke; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.;	4

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	4
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	4

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	4
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	8

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	12

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Total Agatston CAC Score: 415 ;Left main: 4 ;LAD: 89 ;LCx: 90 ;RCA/PDA: 232; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
General/Family Practice	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation		This is a request for a Brain PET scan; This study is being ordered for Alzheimer's disease.; The tracer being used is unknown	4

General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body		The patient has a current or past history of diagnosed cancer.	3
General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		It is unknonw if the patient has a current or past history of diagnosed cancer.	4
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient does NOT have a current or past history of diagnosed cancer.	12

General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	12

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	3
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed; This study is being ordered for Follow-up to a prior test	6

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress	3

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	6
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	3

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	3
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	4
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	8

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	8

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	8

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	8

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	16
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	40

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	12

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	4
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	8

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	4
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	4

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	12
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	4
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	72

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	8
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	20

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	28

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	12
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	8

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	48

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	16

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart	4

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	16

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular	4

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	24

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	28

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.;	8

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac	4

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	12
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Marfan's syndrome.; This is for the initial evaluation of MarfanÆs Syndrome.	4

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	92
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed 6 weeks or less ago; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	4

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was 3 months ago or less	4

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; There is known valvular heart disease.; The patient's valvular heart disease is mild.; Pre-existing murmur best describes the reason for ordering this study.	4
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; There is no known valvular heart disease.; Pre-existing murmur best describes the reason for ordering this study.	4
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; New onset murmur best describes the reason for ordering this study.	4

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	4

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	4

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	4

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	4
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	4
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	28

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	24

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	24

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	36

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	4

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	44
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an	4

General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	8
General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	12

General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	20
General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.	12

General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	4
General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	4
General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	7

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	108
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	16

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.	8
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	94
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	3

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache, elevated sedimentation rate and or the patient is over 55 years old; Headache best describes the reason that I have requested this test.	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	72

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	11
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	3

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	15
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12

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

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

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

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

General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	11
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.	32

General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.	4
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.	12
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	20

General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine needle aspirate was done.	4
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	8
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	3

General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	15
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	28
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	16

General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure	4

General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	4
General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	16

General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	4
General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this examination is being requested to evaluate lymphadenopathy or mass.; It is unknown if there is a suspicion of a bone infection (osteomyelitis).; It is unknown if there is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for a Face MRI.; It is unknown if there is a history of orbit or face trauma or injury.	4

General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	4

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

General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	15
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	3

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	3
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	3
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; It is unknown if this is a new/initial evaluation	4

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Vertigo - "spinning dizziness" best describes the reason that I have requested this test.	3
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	4

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	12
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	60
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	44

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	44
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; 'None of the above' describes the congenital anomaly	4

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	16
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	12
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has fatigue or malaise	8

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; It is unknown if the patient had a memory assessment for cognitive impairment completed	12
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	8

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

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	8
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	8
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	4

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	16

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; This is a request for a Thorax (Chest) CT.; This study is being ordered for work-up for suspicious mass.	8
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; This is a request for a Thorax (Chest) CT.; This study is being ordered for work-up for suspicious mass.	8
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	10
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	9

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	3

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis (for example: black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected	4

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).	3
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Another abnormality led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).	8

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.	7
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	4

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	8

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	4

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	12

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Thorax (Chest) CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; This is a request for a Chest CT.; This study is being ordered for follow up trauma.; The study is being ordered for none of the above.	16
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of mediastinal widening.; This is a request for a Chest CT.; This study is being ordered for vascular disease other than cardiac.	8

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	They did not have a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	16
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was normal; A PFT (Pulmonary Function Test) has NOT been completed that shows restrictive lung disease	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for known tumor.	4

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	44
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	24
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has NOT been completed	8

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

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

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.	4

General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	12
General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	12

General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is 49 years old or younger.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.	4

General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is 49 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.	32

General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; It is unknown if the pack year (PPY) is documented in the patient's chart.	4

General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The pack year (PPY) is NOT documented in the patient's chart.	8

General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 10 to 19 pack years.; The pack year (PPY) is documented in the patient's chart.	4

General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.	4

General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	12

General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	27

General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes marijuana.	4

General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; It is unknown how many pack years the patient has smoked.; The patient is between 50 and 77 years old.; The pack year (PPY) is	4

General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.	4

General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	4

General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	16

General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	8

General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	3

General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	19

General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; It is unknown if the patient has an elevated D-dimer blood test.	8

General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; The patient does NOT have an elevated D-dimer blood test.	11
General/Family Practice	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	Chest Pain in Right Chest, worse with Deep Breathing; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	4

General/Family Practice	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	4
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	3

General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4

General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	16
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	4
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.	7
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; The study is being ordered due to Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.	4

General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	8
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	16

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

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	16

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

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; BOTH LEGS; There is not x-ray evidence of a recent lumbar fracture.	4

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; It is not known if there is x-ray evidence of a lumbar recent fracture.	4

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.	8

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; lower extremety weakness; There is not x-ray evidence of a recent lumbar fracture.	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4

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

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

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

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

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

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	4

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Known or Suspected Infection or abscess; There is no laboratory or x-ray evidence of osteomyelitis.; There is not laboratory or x-ray evidence of meningitis.; There is laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Patient has scoliosis.; There is not x-ray evidence of a recent lumbar fracture.	4

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; FALL, Obtained an X-ray of the lumbar spine (2 or 3 views) which showed a vena cava filter and DDD noted.he patient reports having experienced a fall recently, which has led to back pain.; There is not x-ray evidence of a recent lumbar fracture.	4

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4

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

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

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

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

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

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

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; It is unknown if the patient is presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient	12

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	12
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	16
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	16
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	11

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a new onset or changing radiculitis / radiculopathy; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	7
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4

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

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	16
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	12

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

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	27

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	28
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	16

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	47
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	20

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	58
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	120
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	32
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	3

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

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

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	16

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

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Severe Scoliosis ; It is unknown if there are neurological deficits on physical exam	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; It is unknown if the patient is presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	8
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	12
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is weakness.;	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	8

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; Lumbar back: Positive right straight leg raise test and positive left straight leg raise test.	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	12

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; on right side numbness and tingling	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Radiculopathy	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; severe mid-back pain in between shoulder blades, weakness and cramping in bilateral lower extremities and hips, and headaches.	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	4

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

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

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	7
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	8

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; weakness and tingling in arms	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	4

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

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is General/Family Practice	140
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Unknown	20

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	338
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	20
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	115

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	19
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	51
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	12

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	19
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	40

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	12
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	12

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	48
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	276
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4

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

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	12

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	16

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

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	8
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Severe Scoliosis ; It is unknown if there are neurological deficits on physical exam	4

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

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

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there is a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.	4
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	12
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Other not listed best describes the reason for this procedure	4

General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; No prior imaging has been conducted; The pain is in the Lower abdomen	3
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The pain is best described as other not listed	4

General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	4
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Other not listed best describes the reason for this procedure	4
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Arm CT Non Joint; It is unknown if there is a history of upper extremity joint or long bone trauma or injury.	8

General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; It is unknown if this is a preoperative or recent postoperative evaluation.	4
General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; It is unknown if there is a suspicion of upper extremity neoplasm or tumor or metastasis.	4

General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering MDs specialty is NOT Orthopedics or Rheumatology.	4

General/Family Practice	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	8

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

General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is not from a recent injury, old injury, chronic pain or a mass.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	12

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

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

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	36

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

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 4 weeks or more of Chiropractic care.; The patient received oral analgesics.	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient recevied medication other than joint injections(s) or oral analgesics.; CYCLOBENZAPRINE 5MG TID	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient recevied medication other than joint injections(s) or oral analgesics.; meloxicam tablet 15 mg ;cyclobenzaprine	4

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

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment documentation	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; STRETCHING , LIGHT WEIGHT LIFTING, FOR ,	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	8

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient recevied medication other than joint injections(s) or oral analgesics.; METHYLPREDNISOLONE 4 MG;DICLOFENAC	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	11
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	90
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; There is a suspicion of fracture not adequately determined by x-ray.	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 4 weeks of Home exercise with no	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	6
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	36

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is NOT a Medicare member.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	3

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	20

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	6

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	8

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	11

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	7

General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is being ordered in conjunction with a pelvic CT.; The patient has documented limited range of motion; It is unknown if he patient has used a cane or crutches for greater than 4 weeks; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The patient had an abnormal plain film study of the hip other than arthritis.	4
General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is NOT a suspected infection of the hip. ; It is unknown if there is a suspicion of AVN.	4

General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
General/Family Practice	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	4

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	There is a pulsaitile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	3
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	3

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned for within 30 days.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered for routine follow up.	4

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	3
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with immobilization for at least 4 weeks.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	8

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a walking cast for at least 6 weeks.	4

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	8
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	4

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is NOT being ordered for chronic pain, acute pain, rule our tarsal coalition, known or suspected septic arthritis or oseteomylitis, tendonitis, neuroma or plantar fasciitis.	16
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	4

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	23
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	16

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

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

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	14
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	8

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	20
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	8
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	8

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	23
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Prior surgery was noted as an indication for knee imaging; The surgery was NOT done in the past 90 days.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	19

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	24
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	19

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4

General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	31
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	7
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.	4

General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	8
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.	4
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	7

General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12
General/Family Practice	Disapproval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Is this a request for one of the following? MR Angiogram lower extremity	4

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; This is NOT a Medicare member.	8
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; This is NOT a Medicare member.	8
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.	4

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	23

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.	4

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.	3

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.	4

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.	24

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.	7
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.	8

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.	4

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.	8

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Diabetic patient with gastroparesis.	4

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Hematuria.; This is NOT a Medicare member.	4

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Lymphadenopathy.	4

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	56

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.	4
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	11

General/Family Practice	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	16

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	8

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	8

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

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	3

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

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

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	12

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	16

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

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	8

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	3

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	69

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

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

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	4

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

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

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	7

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	16
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); 0.;4cm noncalcified nodule; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Abdominal hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); ABNORMAL WEIGHT LOSS - DECREASED APPITITE - VOMITTING AFTER EATING; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); elevated cortisol;chronic fatigue; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); ostomy; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Uncertain as to why he's gained ~50 lbs since Dec. 2024; Ascites, peripheral bilateral lower extremity edema; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	64
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam are unknown.; The patient is Female.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	20
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Female.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	35
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	12

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	20
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	8

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

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	54
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam are unknown.; The patient is Female.	12

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	27

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Female.	19
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	34

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

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

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	16
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	15

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

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	15
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

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

General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	4
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A diagnostic imaging procedure not listed has been previously conducted.; Persistent pain best describes the reason for this procedure.	4
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	An MRI study has been previously conducted.; Persistent pain best describes the reason for this procedure.	4

General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is not listed.	4
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	No prior imaging has been conducted; Persistent pain best describes the reason for this procedure.	4
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Other not listed best describes the reason for this procedure.	12
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for an unknown condition.	4

General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	4
General/Family Practice	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	This is NOT a Medicare member.; This Heart MRI is being requested for valvular heart disease; The ordering provider's specialty is NOT Pediatrics, Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery; It is unknown when the TTE was performed	4
General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evalutation of coronary calcification.	31

General/Family Practice	Disapproval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for a Heart CT.	8

General/Family Practice	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Ms. Russell is here today for a cardiac evaluation at the request of Dr. Ked Davis. She has known HTN diagnoed 2 months ago. She is having intermittent midsternal chest pain that radiates to her back. She notes the chest pain worsens with exertion. She ha; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest	4

General/Family Practice	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	n/a; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4

General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; It is unknown if the patient had any other studies	4
General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	8
General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was normal	4
General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was normal	4

General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; The patient had another study not listed	4
General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	4
General/Family Practice	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetric testing or a suspected implant rupture.	4

General/Family Practice	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	4
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain/anginal equiv, low CAD risk, not treadmill candidate; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Encounter for routine adult health examination with abnormal findings;;Dementia without behavioral disturbance, psychotic disturbance, mood disturbance, or anxiety, unspecified dementia severity, unspecified dementia type (CMS/HCC);;Bipolar 1 disorder; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac	4

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Left sided chest pain radiating to left arm. dyspnea, diaphoresis, nausea. rates severe 7-8 pain, normal EKG, Has HTN, diabetes, current smoker, precipitated by exertion; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	PATIENT IS DIABETIC NOT A TREADMILL CANIDATE; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

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

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt has HTN and is currently on two BP medications, pt is also currently on cholesterol medication for high cholesterol, pts mother has HTN and heart disease, pts father has high cholesterol, pt has chest tightness and has seen a cardiologist in the past.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The	4

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	4

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	8
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	4
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	The patient does NOT have a current or past history of diagnosed cancer.	4

General/Family Practice	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	The patient does NOT have a current or past history of diagnosed cancer.	8
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; It is unknown if the murmur is described as grade 3/6 or greater; There are NO clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for a Murmur; This study is being ordered for none of the above or don't know.	3

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed confirm chest pain was of cardiac origin; This study is being ordered for Chest pain of suspected cardiac etiology	3

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology	3

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed; This study is being ordered for Follow-up to a prior test	6

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress	3

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	6
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	6

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	6

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	4

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	4

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.	4

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	12

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

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It is unknown when the last echocardiogram was performed.	4
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	8

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	8
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	32

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	8

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac	4

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	4

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	36
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	3

General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

General/Family Practice	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; It is unknown why this study is being requested.; The patient is 18 years of age or older.	4
General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	3
General/Family Practice	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Radiology Services Denied Not Medically Necessary	This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	8

General/Family Practice	Disapproval	S8042 MAGNETIC RESONANCE IMAGING LOW-FIELD	Radiology Services Denied Not Medically Necessary	This is a request for a low field strength MRI	4
Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	4

Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	4

Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	4
Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	3
Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4

Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26	4

Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	4
Geriatrics	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Geriatrics	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	4
Geriatrics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The pack year (PPY) is NOT documented in the patient's chart.	4

Geriatrics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	8

Geriatrics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	4

Geriatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4
Geriatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4

Geriatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Focal extremity weakness; This procedure is NOT being ordered for acute or chronic back pain	4

Geriatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Geriatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The member has a recent injury.	4

Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	4
Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4
Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	4

Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	4

Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	4

Geriatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	4
Geriatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	3

Geriatrics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Subjective:;Patient presents with acute onset severe upper back pain that started yesterday morning while showering. She describes the pain as sudden, 'like a bullet went through my back.' The pain is	4
Geriatrics	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4

Geriatrics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Geriatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Geriatrics	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	The patient does NOT have a current or past history of diagnosed cancer.	4

Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor	4

Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	4

Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	8

Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4
Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	8

Gynecologic Oncology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	4
Gynecologic Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requeted for initial staging.	4

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

Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	4

Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	8

Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4

Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4

Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	16
Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	39

Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Melanoma cancer.	4
Gynecologic Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	16

Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	62
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4

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

Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	12
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	4

Hematologist/Oncologist	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is suspicion of a neoplasm or metastasis.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4
Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	4
Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	4

Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.	7
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	102
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	158
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	12
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	72

Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has been diagnosed with cancer.	4
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine needle aspirate was done.	4

Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	8
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	20
Hematologist/Oncologist	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	3
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	51

Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	3
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	3

Hematologist/Oncologist	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			6

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	3
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	28

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	76
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	3

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	3
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.	3

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	4

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	16

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	28

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	8

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	4

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	8

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	4

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a	4

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	4

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	16

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital	12

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a	4

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The patient had a normal audiogram.; The patient is experiencing hearing loss.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; This is a Medicare member.	4

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	156

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	4

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are not physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has been	4

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	24

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	20
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material			12
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.	32

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		"There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.	68
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	6
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	6

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	8

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there is radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis (for example: black lung disease or silicosis).; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; The ordering MDs specialty	4

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor	3
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor	3

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	244
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	453

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	743
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	55
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	118

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	315
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	24
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	4

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There is a known tumor.; This is a request for a Chest CT.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; The ordering MDs specialty is NOT Oncology, Surgery, Pulmonary Medicine or Cardiology.	4

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; The ordering MDs specialty is NOT Surgery or Pulmonology.	8

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; The ordering MDs specialty is NOT Surgery or Pulmonology.	4
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	44
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	216

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for screening of lung cancer.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	4
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	16
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for screening of lung cancer.; The patient is 49 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	4

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for screening of lung cancer.; The patient is 81 years old or older.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	4

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	4
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	32

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.	8
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for known tumor.	8
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for suspected pulmonary Embolus.	4
Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	4

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

Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is 49 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.	4

Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the	12

Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 10 to 19 pack years.; The pack year (PPY) is documented in the patient's chart.	4

Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	4

Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	12

Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the	4

Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	4

Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	32

Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient is between 50 and 77 years old.; The pack year (PPY) is NOT documented in the patient's chart.	16
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing			3

Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	3
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; The patient does have an elevated D-dimer blood test.	4

Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; The patient does NOT have an elevated D-dimer blood test.	4
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	36

Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	35
Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for a known tumor.; The patient is not presenting new symptoms.; The patient is not undergoing active treatment for cancer.; This is a request for a chest MRI.; The patient has had 3 or fewer chest MRIs.	4
Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for a known tumor.; The patient is undergoing active treatment for cancer.; This is a request for a chest MRI.	4
Hematologist/Oncologist	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4

Hematologist/Oncologist	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Known Tumor with or without metastasis	4
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	3
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4

Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	12
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	28
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	3
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There are 5 or more exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	8
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	4
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	15

Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	32
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	11
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There are 5 or more exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	4
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	15

Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	28
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	3
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	7

Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	11
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There are 5 or more exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			9

Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was normal; The patient's cancer is known; This is being requested for follow-up for active treatment.	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for follow-up for active treatment.	8

Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for suspected metastasis.	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is suspected	4

Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requeted for initial staging.	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is known; This is being requested for follow-up for active treatment.	4

Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer is known; This is being requested for Remission/Surveillance.	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Other not listed best describes the reason for this procedure	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for follow-up for active treatment.	12

Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was inconclusive; The patient's cancer is known; This is being requested for follow-up for active treatment.	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for follow-up for active treatment.	8

Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is known; This is being requeted for initial staging.	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is suspected	4

Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer is known; This is being requested for Remission/Surveillance.	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	20
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	51
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		There are 5 or more exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	4
Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is requested to detect residual cancer after a course of treatment has been completed?	4
Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	20
Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	59

Hematologist/Oncologist	Approval	73225 Magnetic resonance angiography, upper extremity, with or without contrast material(s)		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	3
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An MRI showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	8
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is a Medicare member.	20
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.	8

Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is a Medicare member.	4
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	7

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			12
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	244
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	457

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	739
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	55
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	19

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	307
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	24
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	16

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	20

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	36
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.	4

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

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

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

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

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	75

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Hematologist/Oncologist.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Adrenal cancer is suspected.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Hematologist/Oncologist.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	4

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	12

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requeted for initial staging.	8
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	4

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	3
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; The type of suspected cancer is not listed.	3
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	4

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other not listed best describes the reason for this procedure.	7
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	20
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	8

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	4

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for a condition not listed.	4
Hematologist/Oncologist	Approval	74712 Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation		This a request for a Fetal MRI.; An ultrasound of the mother been completed.; Congenital or vascular anomalies of the brain or skull has been identified or remains uncertain after an ultrasound.	4

Hematologist/Oncologist	Approval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)		Requestor has decided to proceed with the unlisted code.	4
Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; It is unknown if the patient has a lifetime risk score of greater than 20.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The patient has a family history of breast cancer.; The patient has a BI-RADS score of 2.; This study is being ordered as a screening examination.	3

Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This study is being ordered for known or suspected breast lesions.	3
Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.	8
Hematologist/Oncologist	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	12
Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	16

Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	31
Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply		This is a request for an MRI Bone Marrow.	20
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing			3
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.	4

Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.	20
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.	4

Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.	7
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body			9
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		The patient does NOT have a current or past history of diagnosed cancer.	4
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		The patient has a current or past history of diagnosed cancer.	97
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	16
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	4
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4

Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	12
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has another type of cancer not listed.	4
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body			24

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		It is unknonw if the patient has a current or past history of diagnosed cancer.	12
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient does NOT have a current or past history of diagnosed cancer.	32
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	796
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	16
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	8

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was NOT performed on the regional lymph nodes; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Melanoma cancer.	4
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	20

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	4

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	4

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Melanoma cancer.	4

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Melanoma cancer.	12
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Colorectal cancer.	4

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Head/Neck cancer.	12
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	40

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	48
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 3 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Colorectal cancer.	8

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 3 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	16
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	8

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Head/Neck cancer.	4
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	20

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	4
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has another type of cancer not listed.	96

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Prostate cancer.	4
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Colorectal cancer.	8

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Head/Neck cancer.	4
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	44

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	8
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; It is unknown if a sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	12

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Dotatate.	8
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with PSMA.	8
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography			6
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	20

Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Hematologist/Oncologist; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	15
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	3

Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	4
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	4

Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	16
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	84

Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	8
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4

Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; It is unknown why this study is being ordered.	32

Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	60

Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being ordered for abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension; This study is being ordered for abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood	4

Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	8

Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	4

Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; This study is being ordered for cardiac arrhythmias	4
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	12

Hematologist/Oncologist	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	16
Hematologist/Oncologist	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation.	4
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	3
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the patient's tumor.; Known or suspected tumor best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a known brain tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.	4

Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	3
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	12
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4

Hematologist/Oncologist	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	4
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	12
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4

Hematologist/Oncologist	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	12
Hematologist/Oncologist	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; It is unknown if there is a history of orbit or face trauma or injury.	4
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	4

Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	4
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	4

Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago	4
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	15

Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	40
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	8
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	12
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	3

Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	4
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for known tumor.	4

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

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

Hematologist/Oncologist	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a known tumor.; The patient is undergoing active treatment for cancer.; This is a request for a chest MRI.	4
Hematologist/Oncologist	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	4
Hematologist/Oncologist	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	4

Hematologist/Oncologist	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4
Hematologist/Oncologist	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	4
Hematologist/Oncologist	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	4

Hematologist/Oncologist	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	4
Hematologist/Oncologist	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	4
Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	4

Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	4
Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	4
Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4

Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for follow-up for active treatment.	8
Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8

Hematologist/Oncologist	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	4
Hematologist/Oncologist	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.	4
Hematologist/Oncologist	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The spleen is enlarged.; This is NOT a Medicare member.	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	8

Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	11

Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	44
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	8
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8

Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	3

Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	4

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

Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Eval liver/spleen due to Thromboctopenia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

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

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

Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	8

Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A CT scan and ultrasound have been previously conducted.; Prior imaging was normal; Persistent pain best describes the reason for this procedure.	4
Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance.	4
Hematologist/Oncologist	Disapproval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	Radiology Services Denied Not Medically Necessary	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.	3
Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary		3

Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a PET Scan; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	4
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	The patient does NOT have a current or past history of diagnosed cancer.	20
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	The patient has a current or past history of diagnosed cancer.	24

Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Hematologist/Oncologist	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	4
Hematologist/Oncologist	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
Hematology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Hematology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	4

Hematology	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4

Hematology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	4

Hematology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
Hematology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Hospital	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4
Hospital	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.; The patient had 1-3 episodes in the last 24 months	4

Hospital	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	4
Hospital	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4

Hospital	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	4
Hospital	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	4

Hospital	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	4
Infectious Diseases	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4
Infectious Diseases	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.; The patient has hearing loss.	4

Infectious Diseases	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	4

Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4

Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	8
Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	4

Infectious Diseases	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	4

Infectious Diseases	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Infectious Diseases	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	4

Infectious Diseases	Approval	73700 Computed tomography, lower extremity; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Infectious Diseases	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.	4
Infectious Diseases	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	8

Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4

Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; It is unknown if the patient has completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT being ordered for a concern of cancer such as for diagnosis or	4

Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	4
Infectious Diseases	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	4

Infectious Diseases	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	4
Infectious Diseases	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	4

Infectious Diseases	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Infectious Diseases	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Infectious Diseases	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	4
Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	3

Infectious Diseases	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Infectious Diseases	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4

Infectious Diseases	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	4

Infectious Diseases	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Infectious Diseases	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Infectious Diseases	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Infectious Diseases	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood	16
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	12

Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	4

Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	4
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	12
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a history of HIV or immunocompromised status.; Headache best describes the reason that I have requested this test.	4
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	4

Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	4
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	8

Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	3
Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	4

Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	4

Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The patient had 1 course of antibiotic treatment.	4
Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	4

Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.	3
Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	3
Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4

Internal Medicine	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	3
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	15

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	3
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	8
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	40

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	12

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	20

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

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is NOT a new/initial evaluation	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	4

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	4

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	4

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	4

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	8
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	4

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

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	8
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	12

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	4

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; No treatment or therapy was given for this diagnosis or it is unknown	3

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	7
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	19
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.	4
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.	4

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	12

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	3

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	4

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	7
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.	4

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	4
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	4

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	16
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	8
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	8

Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The pack year (PPY) is NOT documented in the patient's chart.	8

Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	39

Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	78

Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes marijuana.	8

Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient is 78 years old or older.	4

Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	12

Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	48

Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily vapes.; The patient is between 50 and 77 years old.	4

Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is NOT a smoker nor do they have a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient is between 50 and 77 years old.	4

Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4

Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	4

Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a suspected Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; The patient does have symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs.	7

Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	12

Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	3
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	8
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	4

Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	8
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	3

Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4

Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4

Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; No treatment or therapy was given for this diagnosis or it is unknown	3

Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4

Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Back pain when sitting and on left. Hurts some when standing. Weak legs.	3

Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	4
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; No treatment or therapy was given for this diagnosis or it is unknown	3

Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	18
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	8

Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	7
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Chiropractic care has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Ice and/or heat has been used for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	20
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; No treatment or therapy was given for this diagnosis or it is unknown	3
Internal Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	4

Internal Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	4
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	7

Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	4

Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does not have a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks	16

Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Internal Medicine	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	4

Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this	8

Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	4
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	4

Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	8

Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	8
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	3
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4

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

Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4

Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for	4

Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	4
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	4

Internal Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	8
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	12

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	3

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	7

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	4

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

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT being ordered for a	8

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Female.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	10

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

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	8
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	7

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	20
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	16

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	19
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	7

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

Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	3
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	3

Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	4
Internal Medicine	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		This is a request for a CT scan for evalutation of coronary calcification.	4

Internal Medicine	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		echo suggested possible decrees. ejection fraction of 45-50%. under went lexi scan and profusion stress test sturdy show.; This is a request for CTA Coronary Arteries.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Internal Medicine	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; It is unknown if this study is being ordered for pre-operative evaluation prior to valve surgery.; The condition is known; This study is requested for valve disorders	3
Internal Medicine	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The condition is known; This study is requested for coronary artery disease	3

Internal Medicine	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	12
Internal Medicine	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; This study is requested for none of the above	3

Internal Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	4
Internal Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4
Internal Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	4

Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The patient has a lifetime risk score of greater than 20.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The patient has a family history of breast cancer.; This study is being ordered as a screening examination.	3
Internal Medicine	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	4
Internal Medicine	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	3

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a Body Mass Index (BMI) greater than 40	3
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	8

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	8

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Type 2 diabetes mellitus with both eyes affected by mild nonproliferative retinopathy without macular edema, without long-term current use of insulin (CMS/HCC);Hypertension, essential;Dyslipidemia;Fatigue, unspecified type;Agatston coronary artery cal;This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.;The patient has 2 cardiac risk factors;The study is not	4
Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		It is unknonw if the patient has a current or past history of diagnosed cancer.	3

Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	7
Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress	9

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a pre-operative or post operative evaluation.	15

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	9
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	3

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	4
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	8
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	16
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	20

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	4
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	32

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	8

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood	4

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	4

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	12
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	8
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	4

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	12

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	12

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	4

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	4

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Undergoing chemotherapy best describes the reason for ordering this study	4
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	16
Internal Medicine	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	3

Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	23
Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	4

Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	8
Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	3

Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	20
Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	4
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	8

Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' describes the congenital anomaly of the skull.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	8
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	4

Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	4
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The patient had 2 courses of antibiotic treatment.	4

Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	8
Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	6
Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4

Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4
Internal Medicine	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	4
Internal Medicine	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4

Internal Medicine	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; 'None of the above' describes the congenital anomaly	4
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	12

Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	4
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	8

Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.	4
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Thorax (Chest) CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	12
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	3
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor	3

Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.	4

Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Trauma / Injury; The primary symptoms began 6 months to 1 year	4
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has NOT been completed	4

Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this request.; 'None of the above' were related to the suspicion of cancer in this patient.; This study is being requested for Screening of Lung Cancer.; The patient is presenting with symptoms suspicious of lung cancer.; The health carrier is NOT HMSA	4

Internal Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	4

Internal Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is 49 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.	3

Internal Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; It is unknown if the pack year (PPY) is documented in the patient's chart.	4

Internal Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	4

Internal Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily vapes.	4

Internal Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	8
Internal Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	4

Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

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

Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician	4

Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	4

Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4

Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	8
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; It is not known if the pain began within the past 6 weeks.	4

Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	3
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	8
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	4

Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	11

Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	8
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	4

Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4

Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Internal Medicine	20
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	29
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	3

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	8
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	12

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	20

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

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4

Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

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

Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	4

Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	3
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	4

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

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

Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	7
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4

Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	8

Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	4
Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.	4

Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	8

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Trauma / Injury; The primary symptoms began 6 months to 1 year	4

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

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

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

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Abnormal US (11/21/2024); This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Continued diarrhea; it is liquid and soft and post prandial. Previous medication changes have not helped. Has hx of diverticulitis, IBS, and diverticulosis. Family Hx of colon cancer.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is not an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	19
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	8

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

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	7

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	3

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	3

Internal Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	4
Internal Medicine	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evalutation of coronary calcification.	3

Internal Medicine	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	DM MANAGEMENT, EVALUATE RISK; This is a request for CTA Coronary Arteries.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI),	4

Internal Medicine	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; This study is requested for Electrophysiology ablation planning; The ordering MDs specialty is not Cardiology.	3
Internal Medicine	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; This study is requested for none of the above	3
Internal Medicine	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is unknown why this procecure is being requested	4

Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	4

Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	12
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	4

Internal Medicine	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	The patient does NOT have a current or past history of diagnosed cancer.	4
Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress	6

Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a pre-operative or post operative evaluation.	6

Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation of an abnormal heart rhythm.; This study is being ordered for none of the above or don't know.	3
Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	3

Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	3

Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	4

Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	8
Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	4

Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac	4

Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; It is unknown when the last TTE (Transthoracic Echocardiogram) was completed	4

Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Internal Medicine	Withdrawal	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
Interventional Radiologists	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via BBI.; This procedure is being requested for evaluation for vascular disease; Aneurysm screening with 2 or more first degree family members having an aneurysm best describes the clinical indication for requesting this procedure	4

Interventional Radiologists	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4
Interventional Radiologists	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Interventional Radiologists	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Interventional Radiologists	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	4
Interventional Radiologists	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; Other not listed describes the patient's uterine condition.	4

Interventional Radiologists	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	4
Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	8
Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other not listed best describes the reason for this procedure.	4
Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Post-procedure evaluation best describes the reason for this procedure.; The patient had a procedure that is not listed.	4
Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	12

Interventional Radiologists	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Atherosclerosis is known or suspected; The procedure is planned in 6 months or less	4
Interventional Radiologists	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with an Other Tracer	4

Interventional Radiologists	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Interventional Radiologists	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Interventional Radiologists	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	4

Interventional Radiologists	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance.	4
Multi-Specialty (2 or more)	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	4

Multi-Specialty (2 or more)	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	4

Multi-Specialty (2 or more)	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Multi-Specialty (2 or more)	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago	4
Multi-Specialty (2 or more)	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	4

Multi-Specialty (2 or more)	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	16

Multi-Specialty (2 or more)	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	4

Multi-Specialty (2 or more)	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Multi-Specialty (2 or more)	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is follow up trauma.; There is not laboratory or physical evidence of an intra-abdominal bleed.; There is physical or abnormal blood work consistent with peritonitis or abdominal abscess.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Multi-Specialty (2 or more)	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago	4

Nephrology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Nephrology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4
Nephrology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	4
Nephrology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	4

Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Nephrology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4

Nephrology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4
Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4

Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Nephrology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Nephrology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Nephrology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	8

Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	8

Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is a follow up request for a known hemorrhage/hematoma or vascular abnormality	8

Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	16
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	16
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4

Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has Small head (Microcephaly).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	4

Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	8

Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	12
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	7

Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	3
Neurological Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.	4

Neurological Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The patient had 2 courses of antibiotic treatment.	4

Neurological Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	4
Neurological Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4

Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent ischemic stroke (TIA) best describes the clinical indication for requesting this procedure	4
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is Neurological Surgery	12

Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	3

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

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

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

Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is Neurological Surgery	4
Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4

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

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

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

Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Neurological Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The sudy is ordered for pre-operative evaluation	4
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.	3

Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	8
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	6

Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurological Surgery	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		There is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.	3

Neurological Surgery	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; It is unknown if the the ultrasound showed dissection, stenosis or a glomus tumor.; The patient had carotid (neck) artery surgery.; This the first imaging after surgery.	3
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is Neurological Surgery; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	3
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	3

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	6
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; It is unknown if there are documented neurologic findings suggesting a primary brain tumor.	3

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	6
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; The patient has Fluid on the brain (hydrocephalus).	3

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

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	12

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; Arnold-Chiari Malformation describes the congenital anomaly	8
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; The patient has Fluid on the brain (hydrocephalus).	12

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The caller doesn't know if the patient had an audiogram.; It is unknown why this study is being ordered.; The patient has hearing loss.	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The patient had a Brain MRI in the last 12 months	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The patient has NOT had a Brain MRI in the last 12 months	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	8
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; It is unknown if the patient has a biopsy proven cancer	8
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	68

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; It is unknown if the patient has completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	24

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed more than 12 months ago; The patient has a biopsy proven cancer	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	8
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; It is unknown why this study is being ordered.	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	16
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Neurological Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for none of the above.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is not experiencing cervical neck pain not improving despite treatment.	4

Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is NOT experiencing or presenting symptoms of any of the listed neurological deficits.	4

Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	4

Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for known tumor with or without metastasis.; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is Neurological Surgery	4

Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a tumor.	4

Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	23

Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; The patient is experiencing or presenting symptoms of abnormal gait.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.	4
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has NOT been diagnosed with a tumor, infection or neurological deficit.	4

Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-up surgery or fracture within the last 6 months.; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is Neurological Surgery	15
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	31

Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a thoracic spine CT.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.	4

Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4

Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	3

Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	12

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; LOW BACK PAIN AND PHYSICAL THERPAY DID NOT WORK; There is not x-ray evidence of a recent lumbar fracture.	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Pre-Operative Evaluation; It is not known when surgery is scheduled.	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	12
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	19

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Pre-Operative Evaluation; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	3

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is Neurological Surgery; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Abnormal Reflexes	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	8

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	8
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	12
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	16

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

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

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	8
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	15

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	40
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	16

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	51

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	8
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Arnold-Chiari Malformation describes the reason for requesting this procedure.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	8

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; For evaluation of a syrinx or syringomyelia (a fluid filled hole within the spinal column) describes the reason for requesting this procedure.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	12

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	4

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

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	4

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Bilateral feet the entire feet and all 5 toes on each foot are numb. Bilateral arm weakness. Decreased in fine motor skills. Decreased grip strength. Unsteady gait.	4

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Due to the patient's numbness tingling in her legs and groin area I will go ahead and order EMG/NVS studies of her lower extremities. I will also get an MRI thoracic spine for further evaluation.	4

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	4

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is NOT for pre-operative planning; There is a post operative complication	4

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected infection or abscess	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Pre operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	67

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	95
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	12
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	8

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

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	32

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	36

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has None of the above; This procedure is NOT being ordered for acute or chronic back pain	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is NOT being ordered for acute or chronic back pain	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	20

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	32
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	40
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Cannot agree/affirm; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is NOT for pre-operative planning; There is a post operative complication	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

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

Neurological Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	4
Neurological Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Other not listed best describes the reason for this procedure	4

Neurological Surgery	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	12
Neurological Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Neurological Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Neurological Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurological Surgery	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Neurological Surgery	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

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

Neurological Surgery	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	3

Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	8
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4

Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has fatigue or malaise	4

Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; It is unknown if the patient has a biopsy proven cancer	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	4

Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for neurological deficits.; There has not been a supervised trial of conservative management for at least 6 weeks.; The patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy	4

Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4

Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; The patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy documented on an EMG or nerve conduction study.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine	4

Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.	4

Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary		3

Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; R leg weakness, posterior fusion of the L spine from L4 to S1, moderate spinal canal stenosis; There is not x-ray evidence of a recent lumbar fracture.	4

Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; FLEXERIL NEURONTIN MOBIC ROBAXIN; It is not known if the patient has completed 6 weeks or more of	4

Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	4
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	4

Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; WEakness, pain status post lumbar spine surgery; There is not x-ray evidence of a recent lumbar fracture.	3
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	8

Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.	3

Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

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

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	3
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; The patient does not have a neurological deficit, diagnostic test, abnormal x-ray or radiculopathy.	4

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a neurological deficit; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4

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

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	7
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	12
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	4

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	24
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4

Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	4

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

Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or	4

Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4

Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	8
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	52
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	8

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	12
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	8

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	8
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	24
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

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

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurological Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The surgery being considered is NOT a hip replacement surgery.	4

Neurological Surgery	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	8
Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8

Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	32
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4

Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	4
Neurology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.	4

Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

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

Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4

Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure	4

Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

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

Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4

Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	4
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	10

Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	16

Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			12

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; It is unknown if there are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	32

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; There are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis; The patient is presenting with new symptoms of bowel or bladder dysfunction.	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The patient is NOT demonstrating unilateral muscle wasting/weakness; It is unknown if there are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	18

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	6
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; 'None of the above' describe the headache's character.	3

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	9

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	3
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	6

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	3
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	12
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	272

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	60
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; It is unknown if the patient had a Brain MRI in the last 12 months	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	52
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; Arnold-Chiari Malformation describes the congenital anomaly	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; 'None of the above' describes the congenital anomaly	24
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; The patient has Fluid on the brain (hydrocephalus).	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; The type of congenital anomaly is unknown.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	16
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Bell's Palsy.	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	20
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has fatigue or malaise	8

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

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

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26	32

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

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The patient has normal results of B12, TSH and other metabolic labs; The cognitive assessment score was greater than or equal to 26	28

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is NOT a new/initial evaluation	12

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.; The patient had a Brain MRI in the last 12 months	8

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The patient had a Brain MRI in the last 12 months	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	8

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

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	24

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	16

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	32

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	8

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.; The patient had 1-3 episodes in the last 24 months	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; It is unknown if the patient has a biopsy proven cancer	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	16
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	8

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.	44

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; This is a routine follow up.	24
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for a new diagnosis of Parkinson's.	8

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, inability to speak or transient monocular blindness	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; It is unknown if there has there been a change in seizure pattern or a new seizure.	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	168
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.	16
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	8

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	16

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	3

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	3

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	3
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Inflammatory / Infectious Disease	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Vascular Disease	8

Neurology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	4
Neurology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	4
Neurology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	4
Neurology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	4

Neurology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	4

Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; The patient is experiencing or presenting symptoms of radiculopathy documented on an EMG or nerve conduction study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.	4

Neurology	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for staging.; This is a request for a thoracic spine CT.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.	4

Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			3

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; It is unknown when the primary symptoms began	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; It is unknown if there are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	20
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; There are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis; The patient is presenting with new symptoms of bowel or bladder dysfunction.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is NOT demonstrating unilateral muscle wasting/weakness; It is unknown if there are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

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

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	3
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

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

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient	16
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	8
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	23

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	12
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	8

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	8
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	16
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	8

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Multiple Sclerosis describes the reason for requesting this procedure.	3
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	3

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Inflammatory / Infectious Disease	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; It is unknown when the primary symptoms began	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

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

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; MYOTATIC: Right Left; Biceps: 2 2; Triceps: 2 2; Patellar: 3+ 3+; ;She had an NCV of bilateral upper/lower extremities done in January showing mild neuropathy affecting L tibial nerve, non lo	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	8
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Myelopathy, acute, thoracic spine	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	3

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected infection or abscess	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above	4

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	8
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	8
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	4

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	20
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has None of the above; This procedure is NOT being ordered for acute or chronic back pain	4

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	12
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	7

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	3

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Neurology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	4

Neurology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Neurology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4
Neurology	Approval	73700 Computed tomography, lower extremity; without contrast material		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Neurology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	3
Neurology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4

Neurology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.	3

Neurology	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	4
Neurology	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation		This is a request for a Brain PET scan; This study is being ordered for refractory seizures.; This study is being ordered for pre-surgical evaluation.	4

Neurology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; The patient had an MMSE (Mini Mental Status Evaluation) within the past 12 months; The assessment score was 23 to 26; The last laboratory evaluation, including thyroid function test and B12 level was 7 to 12 months ago; The last Brain MRI was 6 months ago or less ; Alzheimer's disease is the primary reason for this study.	4
Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4

Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4

Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4
Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	4

Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	4
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	12

Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	4

Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	4
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation for vascular disease; Unknown best describes the clinical indication for requesting this procedure	4
Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	3

Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	3

Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; There are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	3
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	9
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	32

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	8
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	8

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; 'None of the above' describes the congenital anomaly	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	8

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

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; It is unknown if the patient has normal results of B12, TSH and other metabolic labs; The cognitive assessment score was greater than or equal to 26	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26	12

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

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	8
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; This is a routine follow up.	16

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include inability to speak.	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, inability to speak or transient monocular blindness	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	16

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Neurology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Neurology	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	20
Neurology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; It is unknown if there are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	7

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; There are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	7
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a neurological deficit; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	7
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	20

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	24

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	11
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	8

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease	20

Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	7

Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	15
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	12

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	12
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	8

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

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

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Neurology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurology	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is NOT for pre-operative planning; The patient does not have a documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant trauma, dislocation, or	4

Neurology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8

Neurology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Neurology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	3

Neurology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Disapproval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	Radiology Services Denied Not Medically Necessary	This is a request for a Brain PET scan; This study is not being ordered for refractory seizures, dementia, Alzheimer's disease or a Brain Tumor.	4

Neurology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4
Nuclear Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	4
Nuclear Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	4

OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	3
OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4

OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	3

OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	3

OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

OB/Gynecology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	4
OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Other not listed best describes the reason for this procedure	8
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; An ultrasound is the only has been previously conducted.; The pain is in the Lower abdomen	4

OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; It is unknown if diagnositc imaging has been previously conducted.; The pain is in the Lower abdomen	4
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	4

OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is suspected	4
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requeted for initial staging.	4

OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was inconclusive; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	4
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is known; This is being requeted for initial staging.	4

OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer is known; This is being requested for a condition not listed.	4
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer status is unknown	4
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; The patient has abnormal uterine bleeding; The patient had a previous MRI study.	4

OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; The patient has abnormal uterine bleeding; The patient had a previous Ultrasound.; The ordering provider's specialty is OB/Gynecology.	12
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; Other not listed describes the patient's uterine condition.	8

OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; Pre or post embolization describes the patient's uterine condition.; The ordering provider's specialty is OB/Gynecology.	4
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; The patient has Endometriosis.; The patient had a previous Ultrasound.; The ordering provider's specialty is OB/Gynecology.	7

OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	7

OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

OB/Gynecology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; This is NOT a Medicare member.	4
OB/Gynecology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	4

OB/Gynecology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	3

OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	3

OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4

OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.	4

OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4

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

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

OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	3
OB/Gynecology	Approval	74712 Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation		This a request for a Fetal MRI.; An ultrasound of the mother been completed.; Congenital or vascular anomalies of the brain or skull has been identified or remains uncertain after an ultrasound.	4

OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The patient has dense breast tissue.; The patient has a BI-RADS score of 4 or greater.; This study is being ordered as a screening examination.	3
OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This study is being ordered for known or suspected breast lesions.	3

OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The patient has a lifetime risk score of greater than 20.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The patient has a family history of breast cancer.; This study is being ordered as a screening examination.	15
OB/Gynecology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient does NOT have a current or past history of diagnosed cancer.	4
OB/Gynecology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	11

OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	4

OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4

OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	8
OB/Gynecology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
OB/Gynecology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

OB/Gynecology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4
OB/Gynecology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4
OB/Gynecology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	3

OB/Gynecology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requeted for initial staging.	4

OB/Gynecology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	4

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

OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

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

OB/Gynecology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

OB/Gynecology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

OB/Gynecology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

OB/Gynecology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic; This study is being ordered for a history of heart valve disease.	3

OB/Gynecology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	12
OB/Gynecology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4

Obstetrics & Gynecology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.	4

Obstetrics & Gynecology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
Occupational Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	8
Occupational Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4

Occupational Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body		The patient has a current or past history of diagnosed cancer.	4
Occupational Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	11/11/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	4

Oncology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is no suspicion of a neoplasm or metastasis.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of an acoustic neuroma, pituitary or other tumor.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4
Oncology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4

Oncology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.	4
Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	7
Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			3
Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	4
Oncology	Approval	71250 Computed tomography, thorax; without contrast material			3

Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; The patient had an abnormal finding on physical exam related to the suspicion of cancer.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.	4
Oncology	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	12
Oncology	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	22

Oncology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	4
Oncology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This study is being requested for known cancer or tumor	3
Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Other not listed best describes the reason for this procedure	3
Oncology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.	3

Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	12
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	22

Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	4
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	3

Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; The type of suspected cancer is not listed.	4
Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other not listed best describes the reason for this procedure.	3
Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body		The patient has a current or past history of diagnosed cancer.	3
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	28

Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
Oncology	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	4

Oncology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; It is unknown if the patient has an elevated D-dimer blood test.	4
Oncology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.	3

Oncology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The spleen is enlarged.; This is NOT a Medicare member.	3
Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	4

Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	8
Ophthalmology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	4

Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this examination is being requested to evaluate lymphadenopathy or mass.; It is unknown if there is a suspicion of a bone infection (osteomyelitis).; It is unknown if there is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; It is unknown if there is a history of orbit or face trauma or injury.	3
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	8

Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	3
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	4
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	11

Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8

Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	4
Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	8

Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Ophthalmology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	4
Ophthalmology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; The patient has vision changes.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	4

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	3
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	4

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	4

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	8
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	8

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The patient has Bell's Palsy.	4

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	12

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	4

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	4

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	4
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	3

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	8

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	15

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Ophthalmology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	4

Ophthalmology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	16
Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Ophthalmology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.	4

Oral/Maxillofacial	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a Temporomandibular Joint (TMJ) MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; This study is being ordered for evaluation of a dysfunctional temporomandibular joint (TMJ).; The conservative therapy included treatment with a bite block or splint.; The patient failed a course of anti inflammatory medication.	4
Oral/Maxillofacial	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4

Oral/Maxillofacial	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	24

Oral/Maxillofacial	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.; The patient has hearing loss.	8
Oral/Maxillofacial	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	4

Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	4
Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	4
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	4

Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	4
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Orthopedics	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for a congenital abnormality.; This is a request for a chest MRI.; The member is 18 years of age or older.	3

Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	4

Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Asymmetric reflexes.	4

Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	20

Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; The patient is experiencing or presenting symptoms of asymmetric reflexes.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.	8

Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.	4
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	24

Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	3

Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4

Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	4

Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Low back pain, prior surgery, new symptoms;evaluate hardware; There is not x-ray evidence of a recent lumbar fracture.	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Pre-Operative Evaluation; It is not known when surgery is scheduled.	4

Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	15
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			3

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

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	8
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	8

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	8

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	12
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a new onset or changing radiculitis / radiculopathy; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	16
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	16
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; There is new onset radiculitis/radiculopathy.	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is a Medicare member.	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	16
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	4

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

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	12

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	28
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	16

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	11

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	40
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	55
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	7
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	28
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is NOT for pre-operative planning; There is a post operative complication	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam; A previous x-ray demonstrate severe scoliosis	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

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

Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	4

Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	8
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4

Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4

Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	8

Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	20
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	3

Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	12

Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam; A previous x-ray demonstrate severe scoliosis	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	3

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	12

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Pre operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	24

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	122
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	93

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	38
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	16
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	24

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

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	24
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	24
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	56

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	16
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4

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

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

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	8

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is NOT for pre-operative planning; There is a post operative complication	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam; A previous x-ray demonstrate severe scoliosis	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

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

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	4

Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; The surgery being considered a hip replacement surgery.	4
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Other not listed best describes the reason for this procedure	4

Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Pelvis fracture or injury best describes the reason for this procedure; The result of a prior x-ray was a suspected fracture. ; The ordering provider's specialty is Orthopedics.	12
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; A CT scan is the only has been previously conducted.; Prior imaging was abnormal; The pain is in the Lower abdomen	4
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4

Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer status is other	4
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was activity modification.; The pain is musculoskeletal	4
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4

Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	3

Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an Arm CT Non Joint; There is a history of upper extremity joint or long bone trauma or injury.	4

Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	213
Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	26

Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering MDs specialty is Orthopedics.	15

Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the upper extremity.	4
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	65

Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	27
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	20

Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	23
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)			42

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is not requested for evalution of elbow pain.	3
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is not requested for evalution of elbow pain.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	19

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	39
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	12

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; It is unknown if a diagnosis of Mass, Tumor, or Cancer has been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	8

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	16
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	28

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	31
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injuryis not suspected.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	8

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

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	20
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	8

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	32

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

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

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	11
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	60

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	213

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

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

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient recevied medication other than joint injections(s) or oral analgesics.;	3

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient recevied medication other than joint injections(s) or oral analgesics.; Muscle relaxantsHe has been treated with multiple	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	32
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	46

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms	4

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

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	20
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	255

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; This is a Medicare member.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	71

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	24
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	66

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; It is not known if the patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 4 months out from surgery. ROM	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient recevied medication other than joint injections(s) or oral analgesics.; OTC, nsaids, Tylenol, ice, heat, activity	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	24

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	27
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is NOT a Medicare member.	8

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for post operative evaluation.; There are physical or plain film findings of delayed or failed healing.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	12
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	12
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; There is not a suspicion of fracture not adequately determined by x-ray.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	7
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The study is for post operative evaluation.; There are not physical or plain films findings of delayed or failed healing.; There are not documented physical or plain film findings of prosthetic device dislocation.; This is a request for an elbow MRI; The study is not requested for evalution of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The study is not requested for any of the standard indications for Knee MRI; This is a request for an elbow MRI; The study is not requested for evalution of elbow pain.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient has an abnormal plain film study of the joint.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient has documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; It is unknown if the patient has an abnormal plain film study of the joint.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	3

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	12

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	8

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	18

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	10

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	12
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material			3

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	28
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	27

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	16
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	12
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.	12

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last 2 weeks.; The patient has a documented limitation of their range of motion.	4
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last 2 weeks.; It is unknown if the patient has a documented limitation of their range of motion.	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last 2 weeks.; The patient does not have a documented limitation of their range of motion.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than 4 weeks; The patient has not been treated with and failed a course of supervised physical	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last 2 weeks.; The patient does not have a documented limitation of their range of motion.; The patient has an abnormal plain film study of the foot other than arthritis.	8

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last 2 weeks.; The patient has a documented limitation of their range of motion.	11

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is not a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last 2 weeks.; The patient does not have a documented limitation of their range of motion.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than 4 weeks; The patient has not been treated with and failed a course of supervised physical	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is not a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last 2 weeks.; The patient does not have a documented limitation of their range of motion.; The patient has an abnormal plain film study of the foot other than arthritis.	3

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is not a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last 2 weeks.; The patient has a documented limitation of their range of motion.	12

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is not a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last 2 weeks.; The patient does not have a documented limitation of their range of motion.; The patient has an abnormal plain film study of the foot other than arthritis.	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is not a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last 2 weeks.; The patient has a documented limitation of their range of motion.	8

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; The patient has documented limited range of motion; It is unknown if he patient has used a cane or crutches for greater than 4 weeks; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The patient does NOT have an abnormal plain film study of the hip other than arthritis.	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; The patient has documented limited range of motion; It is unknown if he patient has used a cane or crutches for greater than 4 weeks; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The patient had an abnormal plain film study of the hip other than arthritis.	8

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; The patient has documented limited range of motion; The patient has used a cane or crutches for greater than 4 weeks; There is NOT a suspected infection of the hip. ; There is a suspicion of AVN. ; There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The patient had an abnormal plain film study of the hip other than arthritis. ; It is unknown if the patient has been treated with and failed a course of supervised physical therapy.	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; The patient has documented limited range of motion; The patient has used a cane or crutches for greater than 4 weeks; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The patient had an abnormal plain film study of the hip other than arthritis. ; It is unknown if the patient has been treated with and failed a course of supervised physical	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is NOT a suspected infection of the hip. ; It is unknown if there is a suspicion of AVN.	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is a history (within the last six months) of significant	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is a suspicion of AVN. ; There is NOT a history (within the last six months) of significant trauma,	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is a history (within the last six months) of significant	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is a history (within the last six months) of significant	3

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is a history (within the last six months) of significant	7

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is NOT for pre-operative planning; The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is NOT for pre-operative planning; The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	10

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	12

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is NO history of a new onset of severe pain in the ankle within the last 2 weeks; The patient does not have a documented limited range of motion; The patient had an abnormal plain film study of the ankle other than arthritis	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is NO history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is Non-Diagnostic (to be used during surgery or to mold a joint replacement part); This is for Makoplasty and/or TKA or other non-surgical planning	100
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is Non-Diagnostic (to be used during surgery or to mold a joint replacement part); This is NOT for Makoplasty and/or TKA or other non-surgical planning	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	12

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences			36
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There is a pulsaitile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	7

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

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a post op.	7
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	15
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	7

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	11
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is Orthopedics.	3
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	3

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	3
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is Orthopedics.	3

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is Orthopedics.	3
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is Orthopedics.	6

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	30
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	3

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient had recent plain films of the knee.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The plain films were normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	12

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion; Surgery is being planned.; Arthroscopic surgery	16
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Locking; It is unknown if surgery is planned.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Locking; Surgery is NOT being planned.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Instability; It is unknown if surgery is planned.	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Limited range of motion; Surgery is NOT being planned.	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Swelling greater than 3 days; It is unknown if surgery is planned.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Swelling greater than 3 days; Surgery is NOT being planned.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Post-operative Evaluation	12
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Instability; Arthroscopic surgery	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Locking; Arthroscopic surgery	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	940
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	24

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	6
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	16

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Pain greater than 3 days; Surgery is NOT being planned.	8

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	12
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has had 3 or fewer follow-up knee MRIs.; The ordering physician is an oncologist or orthopedist.; It is not known if the patient is presenting new symptoms.; The patient is not undergoing active treatment for cancer.; This study is being ordered for Known Tumor; This study is being ordered for follow-up.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The plain films were not normal.; This study is being ordered for Known or Suspected Joint Infection	12
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; This study is being ordered for Non-acute Chronic Pain; Surgery is being planned.; Total Knee Arthroplasty (TKA)	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	12
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; This study is being ordered for Suspected Aseptic Necrosis; No, the patient had no recent plain films or bone scan of the knee.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The member has a recent injury.	14
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The member has surgery planned.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is for a mass, tumor or cancer.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is not requested for any of the standard indications for Knee MRI	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	16
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	80

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	20
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	16

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

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	11
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	8

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	12

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	16

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	24

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	6
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; It is not known if the request is for hip pain.; The study is not requested for any of the standard indications for Knee MRI	4

Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	50
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	8

Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.	8
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuryis not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	8
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4

Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	23
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	4
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	8

Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The study is for a mass, tumor or cancer.	4
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The study is for post operative evaluation.	4
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	4

Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	16

Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Orthopedics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Orthopedics	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	3
Orthopedics	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	4
Orthopedics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4

Orthopedics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	4
Orthopedics	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for follow-up to trauma.; There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; This is a request for a chest MRI.; The ordering physician's specialty is NOT Surgery, Pulmonary Medicine, or Cardiology.	4

Orthopedics	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a Thorax MRI.	4

Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Orthopedics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	4

Orthopedics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

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

Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	4

Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	12
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	20
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

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

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	16
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	24
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	67

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	35
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

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

Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	12
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4

Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; +2 symmetric reflexes in her upper lower extremities. Negative clonus. Negative Hoffmann's. Good strength in all myotomes in her upper and lower extremities no frank neurologic	4

Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	7
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	79

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	44
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	12

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	22
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	8
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	49

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Ice and/or heat has been used for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	3

Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer status is unknown	4
Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Pelvis fracture or injury best describes the reason for this procedure; The result of a prior x-ray was a suspected fracture. ; The ordering provider's specialty is Orthopedics.	4
Orthopedics	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	4

Orthopedics	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the upper extremity.	4

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	3

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	19

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral	4

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; handout given to	4

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	16
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	8

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	12
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	3

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	39

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	12
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	15

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	4

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	8
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	11
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is NOT a Medicare member.	12

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	3

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4

Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient does not have a documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant	4

Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is a history (within the last six months) of significant	3

Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is Non-Diagnostic (to be used during surgery or to mold a joint replacement part); This is for Makoplasty and/or TKA or other non-surgical planning	4
Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is Non-Diagnostic (to be used during surgery or to mold a joint replacement part); This is NOT for Makoplasty and/or TKA or other non-surgical planning	4

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	There is a pulsaitile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	4

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	16
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	3

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	48
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	9
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is Orthopedics.	3

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	15
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	3
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	11

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	16

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	8

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	35

Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	24
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	11
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is not for hip pain.; The member has surgery planned.; A Total Hip Arthroplasty is being planned or has already been performed.	4

Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is not for hip pain.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	4

Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	3

Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4

Osteopath	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	4
Osteopath	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	4

Osteopath	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4
Osteopath	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	4
Osteopath	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4

Osteopath	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	4

Other	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	4
Other	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	4
Other	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	4

Other	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Other	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is no suspicion of a neoplasm or metastasis.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of an acoustic neuroma, pituitary or other tumor.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4

Other	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	8
Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	4
Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	4
Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.	4
Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4

Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is scheduled in the next 30 days.	4
Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Other	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Vascular abnormalities best describes the clinical indication for requesting this procedure	4

Other	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.	4
Other	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		There is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	8
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	28
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4

Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	4

Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is NOT a new/initial evaluation	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.; The patient has hearing loss.	8

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

Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	4

Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, inability to speak or transient monocular blindness	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	8

Other	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	4
Other	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	12

Other	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	12

Other	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Thorax (Chest) CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

Other	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of mediastinal widening.; This is a request for a Chest CT.; This study is being ordered for vascular disease other than cardiac.	4
Other	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	8
Other	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	20

Other	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	8
Other	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8

Other	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	24

Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	13

Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	27

Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the	4

Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	4

Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	24

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

Other	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4

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

Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is a Medicare member.	4

Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4

Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	8
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	48

Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	4

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

Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is weakness.; 1) Lumbago: ; Code(s):;M54.50 - Low back pain, unspecified;(2) Bilateral hip pain: ; Code(s):;M25.551 - Pain in right hip; M25.552 - Pain in left	4
Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; It is not known when surgery is scheduled.	4

Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6 months	8
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Other	28

Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	44
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	4

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

Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	36

Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	36
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4

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

Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was physical therapy.; Four weeks or more of conservative treatment was completed.; The treatment was completed within the last 6 months.; An Xray has been previously conducted.; The pain is musculoskeletal	4
Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer status is other	4
Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Other not listed best describes the reason for this procedure	4

Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Other	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	12

Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	12

Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	8
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	12
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	12

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

Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Other	Approval	73700 Computed tomography, lower extremity; without contrast material		This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Leg CT.	4

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

Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	4
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	16

Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	8

Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4

Other	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; This is NOT a Medicare member.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	8

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	12

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); complex right sided uterine fibroid as well as a right-sided abdominal wall hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); UNEXPLAINED ABD PAIN; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	16
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	12

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	12
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	8
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	52

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other not listed best describes the reason for this procedure.	4

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

Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Other	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This Heart MRI is being requested for Other	4

Other	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This is a Medicare member.; This case was created via RadMD.; Agree; This Heart MRI is being requested for evaluation of cardiac tumors or thrombus; The ordering provider's specialty is NOT Pediatrics, Cardiology, Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery	4

Other	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Anginal Pain; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery	4

Other	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	4
Other	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	4

Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		not treadmill candidate due to DOE and dizziness; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	4

Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4

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

Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4

Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	4

Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	20
Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	8

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

Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	8

Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	4
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	4

Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	4
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	8

Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	12

Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart	4

Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	8

Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4

Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	24

Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	20

Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	16

Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	8

Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	16
Other	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	4

Other	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	4
Other	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; It is not known if the member has known or suspected coronary artery disease.	4
Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	8

Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	8
Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	8
Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	4

Other	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; It is unknown if there is suspicion of a neoplasm or metastasis.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	4

Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	8
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	4

Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	8
Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago	4

Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4
Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Other	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	4

Other	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	4

Other	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory / Infectious Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Other	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; It is unknown if the patient has an elevated D-dimer blood test.	4

Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	12

Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; Celebrex; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not	4

Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

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

Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a neurological deficit; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4

Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	8

Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	8
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	20
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	4

Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	40

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

Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	4
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4

Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	4

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

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

Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There has not been a recurrence of symptoms following surgery.	4

Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Other	40
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	55
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4

Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	8
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	20
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

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

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

Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is not listed.	4

Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy is planned in 6 months or less; The ordering MDs specialty is NOT Urology	4
Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer status is unknown	4
Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

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

Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	4
Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	8

Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; She continued doing the exercises they showed	4

Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8

Other	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is NOT for pre-operative planning; The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The	4

Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has NOT had foot pain for over 4 weeks.	4
Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	4

Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	4
Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	24

Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8
Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	12

Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8

Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	4

Other	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory / Infectious Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	4

Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago	4

Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

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

Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	3

Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); His liver enzymes increasing is significant along with wt loss; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

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

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

Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8

Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Other	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is infection based on symptoms.	4
Other	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Other	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evalutation of coronary calcification.	4

Other	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Provider is concerned shortness of breath may be due to worsening CAD. Has Echo scheduled for 03/13. Previous Echo showed EF at 55-60%, mild pulmonic valvular regurgitation, moderate mitral and tricuspid regurgitation, and RVSP elevated at 40-50 mmHg.; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are	4

Other	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4

Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1.Known CAD with mid LAD 50% stenosis;-Experiencing increased episodes of exertional angina;-Continue ipitor 80 mg hs and Zetia 10 mg daily, ;-Increasing Toprol-XL 12.5 to 25 mg daily and changing Imdur 15 mg bid to 30 mg daily---as additional antiang; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;	4

Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	palpitations, tachycardia, pt called regarding having some chest pain off/on and she called into work; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary	4

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

Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	8
Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4

Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood	4

Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4

Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4
Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	4

OTHER O/P DIAG TESTING	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	3
OTHER O/P DIAG TESTING	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

OTHER O/P DIAG TESTING	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
OTHER O/P DIAG TESTING	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	4
OTHER O/P DIAG TESTING	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	4

OTHER O/P DIAG TESTING	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	8
OTHER O/P DIAG TESTING	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; It is unknown how many pack years the patient has smoked.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the	4

OTHER O/P DIAG TESTING	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	4

OTHER O/P DIAG TESTING	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering MDs specialty is NOT Orthopedics or Rheumatology.	4

OTHER O/P DIAG TESTING	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	3

OTHER O/P DIAG TESTING	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; It is not known if the patient has been recently diagnosed with and/or treated for congestive heart failure.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are not documented clinical findings consistent with a valve disease.; There are documented clinical findings consistent with hypertension.	3
OTHER O/P DIAG TESTING	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4

OTHER O/P DIAG TESTING	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	16
OTHER O/P DIAG TESTING	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4

OTHER O/P DIAG TESTING	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; It is unknown when the last TTE (Transthoracic Echocardiogram) was completed	4

OTHER O/P DIAG TESTING	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	4
OTHER O/P DIAG TESTING	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; It is unknown if a fine needle aspirate was done.	4

OTHER O/P DIAG TESTING	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	3
OTHER O/P DIAG TESTING	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.	4
OTHER O/P DIAG TESTING	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4

OTHER O/P DIAG TESTING	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
OTHER O/P DIAG TESTING	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	16
Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4

Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is no suspicion of a neoplasm or metastasis.; This is a preoperative or recent postoperative evaluation.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4

Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is no suspicion of a neoplasm or metastasis.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of an acoustic neuroma, pituitary or other tumor.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	20

Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is suspicion of a neoplasm or metastasis.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	72

Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		This is a request for an Internal Auditory Canal CT.; There is a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.	3

Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is not a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-	12

Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are not neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-	4
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	4

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.	4

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	4
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	11
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.	4

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.	4
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for post-operative evaluation.	4
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.	64

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); It is unknown if the patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	4

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	37

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	4
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.	47

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The patient had 0 courses of antibiotic treatment.	4

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The patient had 2 courses of antibiotic treatment.	8

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	162

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has NOT attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	11

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	20
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.	7
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	24

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

Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has been diagnosed with cancer.	4
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	21
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.	3

Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	4
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	4
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.	8
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	12

Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.	11
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	35
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3

Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Otolaryngology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Otolaryngology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	3

Otolaryngology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	8
Otolaryngology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4

Otolaryngology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Otolaryngology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	3

Otolaryngology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	4
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	4
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	3

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

Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	3

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test.	3
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	12

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	4

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; It is not known if a metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.	4

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	4

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	16

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	8

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital	4

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo	4

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing vertigo	8

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.	84

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The patient had a normal audiogram.; The patient is experiencing hearing loss.	8
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	4

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	4

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	4

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	8

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	7
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	3

Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	3
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	4

Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for known tumor.	4
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3

Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Otolaryngology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	4

Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	27
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Head/Neck cancer.	4
Otolaryngology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	4

Otolaryngology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if there is a suspicion of bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	3
Otolaryngology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is no suspicion of a neoplasm or metastasis.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of an acoustic neuroma, pituitary or other tumor.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4

Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	8
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	4
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.	4
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.	4

Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It is unknown how many courses of antibiotic treatment the patient had.	4

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

Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	6
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.	8
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.	4

Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; It is not known if the neck mass has been examined twice at least 30 days apart.	4
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.	4
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	11

Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.	4
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	15
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	20

Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Otolaryngology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Otolaryngology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Otolaryngology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor	3

Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; The patient is between 50 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.	4

Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Otolaryngology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Pathology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	4
Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	4

Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	4
Pediatrics	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	6

Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Evaluation of Arnold-Chiari Malformation best describes the reason that I have requested this test.	3
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; Arnold-Chiari Malformation describes the congenital anomaly	4

Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	4
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	4

Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	4
Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	3

Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Pediatrics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	7

Pediatrics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	12

Pediatrics	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; The patient does have an elevated D-dimer blood test.	4
Pediatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	3

Pediatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Arnold-Chiari Malformation describes the reason for requesting this procedure.	3
Pediatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Pediatrics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; Cyclobenzaprine;gabapentin;meloxicam;tizanidine; The patient has	4

Pediatrics	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	4
Pediatrics	Approval	73700 Computed tomography, lower extremity; without contrast material		There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4
Pediatrics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.	4

Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4

Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	6
Pediatrics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The study is for post operative evaluation.	4

Pediatrics	Approval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	3
Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Pediatrics	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	4
Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	3
Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	3

Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	4
Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4

Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	4
Pediatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4

Pediatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	3
Pediatrics	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	6

Pediatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4
Pediatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	3

Pediatrics	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	4
Pediatrics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4
Pediatrics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.	4

Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	3

Pediatrics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	3
Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4
Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	3

Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Pediatrics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4

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

Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	3

Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4

Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	3
Pediatrics	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	An ultrasound is the only has been previously conducted.; Persistent pain best describes the reason for this procedure.	3
Pediatrics	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	The patient does NOT have a current or past history of diagnosed cancer.	4

Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	4
Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4
Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is a Medicare member.; Headache best describes the reason that I have requested this test.	4

Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Physical Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	4
Physical Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.	4

Physical Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	36

Physical Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has NOT attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	16

Physical Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

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

Physical Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4
Physical Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4
Physical Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8

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

Physical Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Physical Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	3

Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	4

Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	16
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	8

Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	20
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	8

Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4

Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; It is unknown if the patient has a biopsy proven cancer	8

Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	8
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	8

Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	12
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	12

Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	8
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	4

Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	4

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

Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	4

Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	8

Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	8

Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4

Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	16
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	4
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	4

Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	8
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for known tumor.	4
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	16

Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	4

Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	32

Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient is 78 years old or older.	4

Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	4

Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	8

Physical Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Physical Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	8

Physical Medicine	Approval	72128 Computed tomography, thoracic spine; without contrast material		The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.	4
Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4

Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4
Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			3

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	19
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	47

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	3
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	4

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	3
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4

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

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	8
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	12
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	19

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	8
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			3
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	8

Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4

Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	16

Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	3
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			3

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	3

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	75
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	96

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	4

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	12
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	31
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	40

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	3
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	8

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

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	24
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	20
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Focal extremity weakness; This procedure is NOT being ordered for acute or chronic back pain	12

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

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	8

Physical Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.	4

Physical Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered as a follow-up to trauma.; It is not known if there is laboratory or physical evidence of a pelvic bleed.; There are physical or abnormal blood work consistent with peritonitis or pelvic abscess.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	4

Physical Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	4
Physical Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
Physical Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Pelvis fracture or injury best describes the reason for this procedure; The result of a prior x-ray was a suspected fracture. ; The ordering provider's specialty is Physical Medicine	4

Physical Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Other not listed best describes the reason for this procedure	4
Physical Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Initial staging; The ordering provider's specialty is NOT Urology, Hematologist/Oncologist, Radiation Oncology or Oncology	4
Physical Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	8

Physical Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	12
Physical Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	8
Physical Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	4

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)			3
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	8

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	8
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4

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

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	8

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 1-13-2025 handout with cervical and shoulder	4

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient recevied medication other than joint injections(s) or oral analgesics.; gabapentin	4

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient recevied medication other than joint injections(s) or oral analgesics.; over-the-counter NSAIDs and/or Tylenol	4

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	4

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	20

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	4

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

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient recevied medication other than joint injections(s) or oral analgesics.; diclofenac sodium 75 mg tablet	4

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is NOT a Medicare member.	4
Physical Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	8

Physical Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4
Physical Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4
Physical Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.	4

Physical Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last 2 weeks.; The patient has a documented limitation of their range of motion.	4
Physical Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	8

Physical Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; This is a request for bilateral foot MRI.; OSTEOMYELITIS BILATERALLY SECONDARY TO FROSTBITE,Cortical destruction cortical loss of the medial aspect of distal phalanx and cortical destruction of the medial aspect of the distal portion of proximal phalanx.	8
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a post op.	4

Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	4

Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	8
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	4

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

Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics.	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	12

Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4
Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The member has surgery planned.; A Total Hip Arthroplasty is being planned or has already been performed.	4
Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The study is for post operative evaluation.	3

Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Physical Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; This is NOT a Medicare member.	4
Physical Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	16

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	4

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began	8

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	4

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	8

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	8

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); ACUTE PYLONEPHRITIS; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4

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

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	8
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	16

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	8
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	16

Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	4
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	4
Physical Medicine	Approval	74712 Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation		This a request for a Fetal MRI.; An ultrasound of the mother been completed.; Congenital anomalies of the spine has been identified or remains uncertain after an ultrasound.	4

Physical Medicine	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This is NOT a Medicare member.; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed more than 6 months ago; The ordering provider's specialty is NOT Pediatrics, Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery; The patient has not had a previous Cardiac (Heart) MRI.	4
Physical Medicine	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		This is a request for a CT scan for evalutation of coronary calcification.	4

Physical Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4
Physical Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4
Physical Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; It is not known if the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.	4

Physical Medicine	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	4

Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		REHAB Center: he mentioned he sometimes feel Cp/discomfort on the treadmill and when walking briskly at home. Sometimes pain in back of jaw and rt arm, typically transient but with exertion. Dr. Barrucco notified of anginal symptoms f No Info Given.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing	16

Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4

Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	4

Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4

Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	16

Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	16

Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	20
Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		It is unknonw if the patient has a current or past history of diagnosed cancer.	8
Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	60

Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4

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

Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Prostate cancer.	4
Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 01/06/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 02/12/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 01/23/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 2/18/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 02/20/2025; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The patient recently suffered either a CVA or TBI; 02/21/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; Speech Therapy was requested; The health	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 03/27/2024; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The patient recently suffered either a CVA or TBI; 2/17/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was 6-12 months ago; The primary condition is Cognitive linguistic Impairment; Speech	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 06/03/2024; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The patient recently suffered either a CVA or TBI; 3/4/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was 6-12 months ago; The primary condition is not Cognative Linguistic Impairment,	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 07/07/2024; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 1/29/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was 6-12 months ago; The primary condition is Aphasia/Apraxia; The	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 1/10/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 1/21/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 1/2/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 2/4/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 1/6/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 1/6/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 10/24/2024; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The patient recently suffered either a CVA or TBI; 01/06/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; Speech Therapy was requested; The health	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 11/27/2024; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 1/20/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 12/1/2024; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 1/8/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 12/21/2024; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 01/28/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 2/24/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 2/25/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 2/27/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 3/20/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 2/28/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 3/18/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 3/21/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 3/6/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 3/4/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 3/18/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 7 years old or older; 01/13/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient’s plan of care does NOT include treatment to improve	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The patient has not recently suffered either a CVA or TBI; 1/21/2025; The evaluation date is not in the future; The primary condition is Executive Function; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Speech Therapy was	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The patient has not recently suffered either a CVA or TBI; 12/4/2024; The evaluation date is not in the future; The primary condition is Aphasia/Apraxia; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Speech Therapy was	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The patient has not recently suffered either a CVA or TBI; 3/14/2025; The evaluation date is not in the future; The primary condition is Cognitive linguistic Impairment; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Speech Therapy was	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Aphasia/Apraxia; The patient has not recently suffered either a CVA or TBI; 02/06/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Aphasia/Apraxia; The patient has not recently suffered either a CVA or TBI; 3/3/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; 02/03/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; 1/6/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; 1/9/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 01/03/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 01/20/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;	8

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 01/27/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 01/30/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 11/19/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 2/5/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognative Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 02/04/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	16

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognative Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 02/14/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognative Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 03/03/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	8

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognative Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 2/3/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognative Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 2/7/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Voice; The patient has not recently suffered either a CVA or TBI; 03/05/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 1/10/2025; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 1/14/2025; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 1/15/2025; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 1/17/2025; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 1/22/2025; The evaluation date is not in the future; Two visits anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 1/24/2025; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 1/29/2025; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is	8

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 1/30/2025; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 12/16/2024; The evaluation date is not in the future; Two visits anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 12/31/2024; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 2/14/2025; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 2/28/2025; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 3/12/2025; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 3/5/2025; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; 08/20/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.;	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; 7/23/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is autism; The member is 4-6 years old; 02/06/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient’s plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is feeding or dysphagia; 01/27/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The member is NOT currently on tube feeds; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The member is 0-3 years old; 10/10/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families;	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The member is 0-3 years old; 11/18/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families;	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 01/17/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 02/24/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 02/26/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 03/25/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 09/26/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 10/24/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 12/16/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 12/27/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 3/4/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 9/12/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old; 01/06/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient’s plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families;	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old; 02/24/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient’s plan of care includes treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families;	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old; 06/06/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient’s plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families;	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old; 10/21/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient’s plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families;	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 7 years old or older; 11/12/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient’s plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT New Hampshire	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 01/11/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; Evaluation dates more than 270 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.;	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 01/17/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested; The	12

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 02/07/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; Evaluation dates more than 270 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.;	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 02/09/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; Evaluation dates more than 270 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.;	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 03/26/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; Evaluation dates more than 270 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.;	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 04/10/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; Evaluation dates more than 270 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.;	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 08/26/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested; The	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 01/11/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 02/03/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 03/04/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 04/25/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 05/14/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 06/11/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 07/31/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 08/29/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 09/04/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 09/09/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 09/13/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 09/26/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	16

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 09/30/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 10/07/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 10/23/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 10/31/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 11/26/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 11/8/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; 02/05/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; 1/21/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; 12/30/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 08/08/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 1/22/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 1/27/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 12/23/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 3/4/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 3/5/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Questions about the subsequent request: ; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; Speech Therapy was requested; Two visits anticipated	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		The condition being treated is autism; The member is 4-6 years old; Questions about the subsequent request: ; The patient's plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Speech Therapy was requested; Moderate to severe functional deficits supported by standardized assessments; Three or more visits anticipated	8

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		The condition being treated is feeding or dysphagia; Questions about the subsequent request: ; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; Speech Therapy was requested; Three or more visits anticipated	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		The condition being treated is language or articulation; Questions about the subsequent request: ; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 3 or more visits a week; Speech Therapy was requested; Three or more visits anticipated	8

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		The condition being treated is language or articulation; The member is 0-3 years old; Questions about the subsequent request: ; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Speech Therapy was requested; Moderate to severe functional deficits supported by standardized assessments; Three or more visits anticipated	16

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		The condition being treated is other; Questions about the subsequent request: ; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; Speech Therapy was requested; Three or more visits anticipated	4
Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	4

Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patientÆs cardiac symptoms.	4
Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4

Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	4
Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4

Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood	4

Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart	4

Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or	4

Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4
Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	8
Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; New onset murmur best describes the reason for ordering this study.	4

Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	4

Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	4

Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	8

Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	16

Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	16

Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	20
Physical Medicine	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	4

Physical Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/02/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/02/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/03/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/03/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/07/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/28/2024; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/08/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/09/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/13/25; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/14/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/15/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/22/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/29/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/30/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates less than 180 days in the past; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; The intended intended number of treatments	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01-14-2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/03/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/04/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/22/2024; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/05/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/22/2024; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/06/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/10/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/12/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/17/2007; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 11/21/2022; Date of onset is more than 4 months ago; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/24/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/25/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/26/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02-03-2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02-04-2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02-13-2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02-17-2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02-25-2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/03/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/04/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/05/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/05/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/05/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/07/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/11/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/12/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/14/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/14/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Spinal Cord Injury (SCI) is the selected condition; 01/31/2024; Date of onset is more than 6 months ago; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; There has not been an increase in the frequency of falls; The home program or equipment does not need to be updated; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/25/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/26/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/28/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03-12-2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03-26-2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/23/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/12/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/20/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		07/01/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		08/29/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		09/17/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/13/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/6/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/14/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/29/2025; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/15/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	24

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 4/8/2022; Date of onset is more than 4 months ago; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/2/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Multiple Sclerosis is the selected condition; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The patient is not able to walk and/or transfer without human and/or assistive device; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Multiple Sclerosis is the selected condition; Physical or Occupational therapy	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/22/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/22/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/23/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 1/1/2025; Date of onset is within the last 4 months; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/24/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 9/1/2023; Date of onset is more than 4 months ago; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/17/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/27/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 08/08/2020; Date of onset is more than 4 months ago; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Multiple Sclerosis is the selected condition; Therapy type is Neuro Rehabilitative; Requestor is not a fax; An increase in falls or a decline in independence has occurred.; Physical Therapy was requested; The patient is able to walk and/or transfer without human and/or assistive device; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/29/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/3/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 11/24/2024; Date of onset is within the last 4 months; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/15/2025; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/4/2025; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/31/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/27/2025; Pre-Op; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; Physical therapy was requested; The health carrier is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/6/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/7/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		10/24/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		11/1/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		11/11/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		11/11/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		11/13/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		11/21/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		11/23/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		11/27/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		11/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/7/2024; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		11/6/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/11/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/12/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/18/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/26/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/27/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/30/2024; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/30/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/31/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/4/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/9/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/11/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/11/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/12/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/13/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/19/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/2/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 2/7/2025; Date of onset is within the last 4 months; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/24/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 2/13/2025; Date of onset is within the last 4 months; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/16/2025; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/7/2025; Pre-Op; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; Physical therapy was requested; The health carrier is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/25/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/26/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/27/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/23/2024; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/3/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/4/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/5/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/6/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 11/26/2024; Date of onset is within the last 4 months; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/7/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/6/2025; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	48

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 2/25/2025; Date of onset is within the last 4 months; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/11/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/11/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/14/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/14/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested;	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/13/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/13/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/7/2025; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/18/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/25/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/24/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/25/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/26/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/27/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 1/13/2025; Date of onset is within the last 4 months; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/3/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/14/2025; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/19/2025; Pre-Op; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; Physical therapy was requested; The health carrier is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/4/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/5/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/6/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 12/16/2024; Date of onset is within the last 4 months; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/7/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		8/14/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 02/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; Wound/Burn Care was selected as the first body type/region; Wound/Burn Care selected as the second body type/region;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 3/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Elbow; 1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Lumbar Spine; Elbow selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is not in options listed; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hip/Pelvic; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hip/Pelvic; Hand selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Hand request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Hand request: ; The anticipated number of visits is other than 2.; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Shoulder; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 01/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/23/2024; Post-Op; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 03/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 03/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 01/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 03/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 03/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 12/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 02/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 03/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Thoracic Spine/Chest; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 01/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 1/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 1/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 01/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 01/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 01/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 01/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 02/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 02/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 03/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 02/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 12/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 12/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Shoulder; 02/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Shoulder; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Elbow; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/17/2025; Post-Op; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/07/2024; Post-Op; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/01/2024; Post-Op; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 02/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 03/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 03/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 2/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 01/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 02/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 02/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 12/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 2/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/11/2025; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 02/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/1/2025; Post-Op; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 01/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 02/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 02/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Wrist; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Elbow; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Elbow; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Elbow; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 1/16/2025; Patient history in the past 90 days; Lower Leg selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Hand request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Hand request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; Lower Leg selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Hand request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 01/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 12/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/04/2024; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 01/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 2/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 01/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 01/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 02/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 02/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 02/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 02/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 02/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 02/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 12/31/2024; Patient history in the past 90 days; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Second	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 2/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/30/2024; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 3/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/14/25; Post-Op; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 11/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 2/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/6/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request:; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 02/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/22/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/30/23; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 2/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 2/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/27/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.;	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 01/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 03/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 1/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 12/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Lower Leg selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Severe functional deficits due to thoracic/lumbar	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Wrist; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Wrist; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/2/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Wrist; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Wrist; 3/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 01/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/08/2023; Post-Op; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 03/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 01/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 03/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 01/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 02/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 03/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 02/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 03/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 03/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 12/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 2/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 12/30/24; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Wrist; 02/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/30/2025; Post-Op; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Shoulder request: ; Three or more visits anticipated;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 01/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 01/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 01/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Shoulder; 01/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Shoulder; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Shoulder; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Shoulder; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Shoulder; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 01/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 03/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Knee; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Lumbar Spine; 01/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/16/2025; Post-Op; Wrist selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Wrist request: ; Three or more visits	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is not in options listed; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/11/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Wrist; 03/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Wrist; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 02/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Speech	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 02/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Speech	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 03/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; None of the above best describes the patient's	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/17/2024; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Speech	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/2/2024; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Speech	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; None of the above best describes the patient's	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/29/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Speech	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip was selected as the first	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; 02/06/2025; Patient history in the past 90 days; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; 2/11/2025; Patient history in the past 90 days; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the	80

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/13/2025; Patient history in the past 90 days; Body Part pass complete; Therapy type is Rehabilitative; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 10/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 12/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility);	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 03/03/2025; Patient history in the past 90 days; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Upper Extremity selected as the body type/region; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 1/16/2025; Patient history in the past 90 days; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Upper Extremity selected as the body type/region; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 11/15/2024; Patient history in the past 90 days; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Upper Extremity selected as the body type/region; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 12/31/2024; Patient history in the past 90 days; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Upper Extremity selected as the body type/region; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 3/7/2025; Patient history in the past 90 days; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Upper Extremity selected as the body type/region; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does	60

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Thoracic Spine/Chest; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 01/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/23/2024; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 03/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/05/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 2/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/11/2020; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/26/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	20

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/24/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 02/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 02/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 02/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/23/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 02/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/16/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/23/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 1/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/30/2024; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/15/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/31/2024; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/7/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/5/2024; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/30/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/22/2024; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/04/02025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	24

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/14/2025; Patient history in the past 90 days; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/14/2025; Patient history in the past 90 days; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/31/2024; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2024; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/8/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/25/2024; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/18/2024; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/24/2024; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 1/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/06/2024; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/19/2024; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/09/2022; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/19/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/29/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/8/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/20/2024; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/3/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/10/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/13/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/5/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/19/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/3/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/25/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic	32

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/20/24; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	24

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/03/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/27/25; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/25/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/26/2024; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	20

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	20

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/04/2024; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/21/2025; Patient history in the past 90 days; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/01/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/16/2024; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/18/2024; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	24

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/05/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/31/24; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	20

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	28

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/26/2024; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/11/2025; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	28

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/14/2025; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	28

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	24

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	36

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	80

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	20

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	20

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	20

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/21/2025; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	20

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/21/2025; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	24

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/18/2024; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/27/2024; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated;	48

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated;	24

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/02/2024; Post-Op; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/05/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/08/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/15/2024; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/31/2024; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/09/2024; Post-Op; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/14/2025; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/01/2024; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/23/2025; Post-Op; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02.27.2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; The evaluation date is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/08/2024; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/27/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/12/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/24/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/24/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/01/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/19/2024; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; The evaluation date is not in the future; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/4/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; Post-	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/16/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The evaluation date is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/18/2024; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2024; Post-Op; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The evaluation date is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/5/2024; Post-Op; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/7/2024; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/05/2024; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; Post-Op or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; The evaluation date is not in the future; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/11/2025; Patient history in the past 90 days; Body Part pass complete; Questions about your Head/Neck request:; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/7/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; Post-Op or Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/7/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/24/2024; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; Post-Op or Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/27/2025; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/3/2025; Patient history in the past 90 days; Body Part pass complete; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The evaluation date is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/07/2024; Post-Op; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The evaluation date is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The evaluation date is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/07/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; Post-Op or Non-Surgical; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; The evaluation date is not in the future; The	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	32

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The evaluation date is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/18/2025; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The evaluation date is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; The evaluation date is not in the future; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; OK; The members functional deficits are moderate; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; Fracture selected as the body type/region; Body Part for first pass is Fracture; Three or more visits anticipated; The previous auth did not address any body parts; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or more visits anticipated; This is not a gold-card	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical	56

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did	40

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/10/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/19/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/13/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/27/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/07/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/04/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/04/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/14/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/22/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/12/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/30/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02-27-2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/05/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	24

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/04/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/31/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/13/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03-17-2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/12/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/10/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/20/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/24/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/10/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/13/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/27/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/13/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/12/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/12/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/20/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/30/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/01/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/15/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/1/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/11/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/11/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/18/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/21/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/4/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/09/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/31/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/17/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/6/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/23/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/4/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/22/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/20/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/11/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/20/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/12/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/13/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/10/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/12/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/12/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/6/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/25/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/5/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/06/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/27/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/3/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/11/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/18/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/6/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/07/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 01/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 01/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 01/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 01/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 02/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 02/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 02/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 02/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/26/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 1/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 1/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/20/2024; Post-Op; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 02/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 02/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 03/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/17/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/19/2024; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 11/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/06/2024; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 2/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/4/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Physical Therapy was requested; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; The health carrier is NOT Sunflower Health	8
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Physical Therapy was requested; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; The health carrier is NOT Sunflower Health	72

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Questions about the subsequent request: ; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 1 visit; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Physical Therapy was requested; Three or more visits anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Questions about the subsequent request: ; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Physical Therapy was requested; Mild functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Three or more visits anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Questions about the subsequent request: ; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Physical Therapy was requested; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Three or more visits anticipated	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Questions about the subsequent request: ; The member is 7 years old or older.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Physical Therapy was requested; Three or more visits anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 02/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/16/2025; Post-Op; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/22/2024; Post-Op; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/23/2024; Post-Op; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/05/2025; Post-Op; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 03/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/31/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 03/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/17/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/02/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/26/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/03/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/14/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/31/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/27/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/05/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/20/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/13/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/26/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/25/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/03/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/20/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/23/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/17/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/6/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/13/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/29/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/30/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/16/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/06/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/11/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/17/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/20/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/18/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/29/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/26/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/13/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/12/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/13/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/14/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/18/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/19/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/5/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/15/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/17/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/18/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/21/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 02/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/07/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/08/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/01/2000; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/30/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/22/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/28/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/10/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/14/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/8/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/27/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/13/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/16/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/2/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/11/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/31/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/6/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/20/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/18/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/24/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/2/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/6/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 1/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/7/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/11/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/11/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/13/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/6/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/20/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/10/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/31/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/24/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/05/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/19/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/20/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/28/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/5/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/6/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/6/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/27/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/7/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/10/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/13/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/17/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/19/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/21/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/21/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/24/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/25/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/7/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/13/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/28/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/25/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/21/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/5/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/4/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 01/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 01/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 02/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/08/2024; Post-Op; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 02/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request:	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 02/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Shoulder request: ; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/05/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/10/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/2/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/9/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/7/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily	28

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/11/2024; Post-Op; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/23/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/14/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/27/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Shoulder request: ; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 02/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Shoulder request: ; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Shoulder request: ; The anticipated number of	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/27/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/12/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/16/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/01/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/01/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	12

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/28/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/11/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/01/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/2/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/5/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/14/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective	16

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/28/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/25/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/7/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/13/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily	40

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; This is for Arthroscopy; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/13/2025; Post-Op; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		01/09/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		01/09/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		01/16/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		01/20/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		01/20/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates less than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		01/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/11/2024; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		01/21/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates less than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		01/23/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates less than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		01/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		01/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/20/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		02.27.2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		02/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		02/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/12/2022; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	16

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		02/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/24/2024; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		02/06/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		02/07/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		02/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 07/31/2023; CVA is the selected condition; Date of onset is more than 4 months ago; Therapy type is Neuro Rehabilitative; The patient does not require human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan;	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		02/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/16/2024; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		02/11/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		02/21/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		02/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		02/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		02/25/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		03/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/26/2025; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		03/05/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		03/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/09/2025; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		03/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		03/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/05/2021; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		03/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		03/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		03/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		03/27/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/09/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		07/23/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		07/24/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		07/29/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		08/22/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		08/26/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		08/30/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		09/03/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		09/12/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/13/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/9/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/8/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 02/2024; CVA is the selected condition; Date of onset is more than 4 months ago; Therapy type is Neuro Rehabilitative; The patient does not require human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Multiple Sclerosis is the selected condition; Multiple Sclerosis is the selected condition; Therapy type is Neuro Rehabilitative; The patient is unable to dress, groom and feed self without human assistance; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Physical or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/17/2025; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested; The	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/28/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 1/1/2025; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 9/27/2023; CVA is the selected condition; Date of onset is more than 4 months ago; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/3/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/16/2025; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested; The	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/31/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/30/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/21/2024; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/12/2024; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/8/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		11/14/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		11/18/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		11/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		12/04/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		12/05/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		12/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		12/16/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		12/18/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		12/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		12/23/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		12/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/26/2024; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		12/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 09/29/2024; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		12/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/18/2024; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 11/24/2024; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		2/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		2/11/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/30/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		2/13/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		2/14/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; Mild functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		2/24/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/14/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		2/26/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/30/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		2/6/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/21/2024; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/3/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/9/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/12/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	16

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 2/25/2025; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/13/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/13/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/16/2025; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/19/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/10/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/12/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 11/21/2024; CVA is the selected condition; Date of onset is more than 4 months ago; Therapy type is Neuro Rehabilitative; The patient does not require human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/5/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/18/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		9/12/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		9/13/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Wrist; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Elbow; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Elbow; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Hand request: ; The anticipated number of visits is other than 2.; Three or more visits	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; 12/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Hand request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Hand request: ; The anticipated number of visits is other than 2.; Three or more visits	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Shoulder; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Shoulder; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	16

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/31/2024; Post-Op; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/2/2025; Post-Op; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/01/2024; Post-Op; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/07/2025; Post-Op; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/5/2025; Post-Op; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 01/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 1/13/2025; Patient history in the past 90 days; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Second Pass Starting; Requestor is not a fax; Vestibular Rehab selected as the second body type/region; Body Part for first pass	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Cardiopulmonary	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Cardiopulmonary Rehab was selected as the first body type/region; Vestibular Rehab selected as the second body	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 1/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	16

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Wrist; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 02/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 1/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/26/2024; Post-Op; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 2/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hand; 01/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/09/2025; Post-Op; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hand; 03/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/07/2025; Post-Op; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hand; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hand; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hand; 1/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2024; Post-Op; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hand; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hand; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hand; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 03/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/07/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 2/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Wrist; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 01/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 03/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/13/2024; Post-Op; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/28/2025; Post-Op; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/25/2025; Post-Op; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Shoulder; 01/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Wrist; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Occupational Therapy was requested; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; The health carrier is NOT Sunflower Health	12
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Occupational Therapy was requested; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; The health carrier is NOT Sunflower Health	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 01/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 02/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/16/2024; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2024; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/11/2024; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/11/2024; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 2/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/20/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/25/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/25/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region;	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 02/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 02/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 02/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/8/2024; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/28/2024; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/25/2024; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/21/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/24/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/27/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 1/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/27/2024; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 12/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 12/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/26/2024; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 12/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/10/2024; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/22/2024; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/29/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/27/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/3/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/11/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/12/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/28/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/17/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation;	24

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region;	12

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02.27.2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; The evaluation date is not in the future; The	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/7/2024; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/22/2024; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; Post-Op or Non-Surgical; The	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/30/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; Post-Op or Non-Surgical; The	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The evaluation date is not	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; The evaluation date is not in the future; The	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/18/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/28/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/06/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/02/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/28/25; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03-03-2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/19/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/18/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/30/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/31/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/23/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12-13-2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/12/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/7/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/13/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/30/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/24/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/31/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/2/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	16

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/7/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/18/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/27/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/25/2024; Post-Op; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 01/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/06/2024; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 01/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 02/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/19/2024; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 03/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/19/2024; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/26/2024; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 1/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/9/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 1/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/13/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/6/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 1/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/31/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 2/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/28/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/15/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 3/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/3/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 3/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient	12

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region;	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Second Pass check point; Body Part for second pass is Hip/Pelvic; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Moderate objective and functional deficits:	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Questions about the subsequent request: ; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Occupational Therapy was requested; Mild functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Three or more visits anticipated	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Questions about the subsequent request: ; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Occupational Therapy was requested; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Three or more visits anticipated	16

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Questions about the subsequent request: ; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Occupational Therapy was requested; None of the above best describes the patient's presentation or goal of treatment; Three or more visits anticipated	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Questions about the subsequent request: ; The member is 7 years old or older.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 1 visit; Occupational Therapy was requested; Three or more visits anticipated	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		This is for an Open procedure; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/23/2023; Post-Op; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits	16

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/6/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	12

Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4

Physical Medicine	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.	4

Physical Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4

Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	4
Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4

Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	4
Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	4

Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; It is unknown when the last Brain MRI was performed; The patient has a biopsy proven cancer	4

Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	8

Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	16

Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago	4
Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	4

Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Physical Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	4

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

Physical Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Physical Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

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

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

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

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; The patient had an abnormal xray indicating a complex fracture or severe anatomic derangement of the cervical spine; This is NOT a Medicare member.	4

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	7
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	19

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	16

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

Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	12

Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4

Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	8
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	43

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	20
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	12
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	16
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

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

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Physical Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4

Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	4
Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	4

Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	4

Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	4
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	8

Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	8

Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	8
Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	4

Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	4
Physical Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; This is NOT a Medicare member.	4

Physical Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of renal mass.; The suspicion of a renal mass was suggested by a physical exam.	4

Physical Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	4

Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	8

Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	16

Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago	4

Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	8

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

Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Physical Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is not listed.	4
Physical Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Other not listed best describes the reason for this procedure.	4
Physical Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Post-procedure evaluation best describes the reason for this procedure.; The patient had surgery.; The surgery or ablation was more than 3 months ago.	4

Physical Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Physical Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Physical Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4

Physical Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Physical Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Physical Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Physical Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Physical Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 07/31/2023; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The patient recently suffered either a CVA or TBI; 02/10/2025; The evaluation date is not in the future; The primary condition is not Cognative Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 8/29/2024; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 10/18/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 02/03/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 11/19/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 2/5/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognative Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 1/6/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognative Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 10/30/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Voice; The patient has not recently suffered either a CVA or TBI; 02/24/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; 06/03/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.;	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; 05/22/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 08/27/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old; 01/13/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient’s plan of care includes treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families;	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old; 08/06/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient’s plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families;	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is other; 07/02/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation dates less than 270 days in the past; The	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is other; 07/11/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation dates less than 270 days in the past; The	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 01/17/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested; The	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 04/10/2024; The evaluation date is not in the future; Two visits anticipated; Habilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation dates less than 270 days in the past; The health carrier is NOT	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 06/10/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested; The	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 01/29/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 07/21/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 07/3/24; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 10/31/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 12/12/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 12/13/2023; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	8

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 7/3/24; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; 01/21/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; 02/10/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; 7/29/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	8

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 02/12/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 04/09/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 2/5/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	8

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	The condition being treated is autism; Questions about the subsequent request: ; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 3 or more visits a week; Speech Therapy was requested; Three or more visits anticipated	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	The condition being treated is language or articulation; The member is 7 years old or older; Questions about the subsequent request: ; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Speech Therapy was requested; Three or more visits anticipated	4

Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	8

Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4

Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood	4

Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms is unknown; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4

Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/01/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/02/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/02/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	24

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/03/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/06/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/07/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/07/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/08/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	24

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/09/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/14/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/15/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	24

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/22/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/24/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/31/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/03/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/04/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/05/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/05/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/06/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/11/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/14/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/15/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/18/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/24/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/24/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/26/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/26/25; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/27/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/27/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02-17-2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03-25-2025; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/05/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/06/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/06/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/11/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/11/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/12/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/17/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/19/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/25/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/27/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03-03-2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/01/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/11/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/15/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/17/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/27/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/28/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/17/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/31/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/02/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/29/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/03/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/05/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/17/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/23/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/13/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/14/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/15/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/2/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	24

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/22/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/23/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	28

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/24/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/27/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/18/2025; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/28/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/29/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/3/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	28

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/30/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/31/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/6/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	36

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/7/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/8/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/9/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/08/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/14/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/17/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/21/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/22/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/23/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/24/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/28/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/29/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/30/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/31/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/01/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/05/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/05/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/06/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/07/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/08/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/11/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/13/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/15/24; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/18/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/18/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/19/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/20/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/21/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/25/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/26/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/27/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/6/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/7/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/02/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/03/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/05/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/06/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/10/2024; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/10/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/11/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/12/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/13/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	28

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/16/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/16/24; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/17/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/18/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/19/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/23/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/25/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/26/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/27/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/3/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/30/2024; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/30/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	32

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/4/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/11/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/11/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/12/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	24

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/14/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/24/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 2/13/2025; Date of onset is within the last 4 months; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/25/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/26/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/27/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/3/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/4/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/5/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/6/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/6/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/7/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/11/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/11/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	48

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/12/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	40

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 7 years old or older.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; The health carrier	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/13/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	24

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/14/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/19/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	28

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/25/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/26/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/3/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	28

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/4/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/4/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	24

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/5/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/6/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 04/13/2023; Date of onset is more than 4 months ago; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/2/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/30/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/24/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/25/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/27/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/3/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/30/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits:	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beingn	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beingn	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 03/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; Two Body Parts selected; Second Pass Starting; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 02/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 2/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 2/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 3/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	20

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Hip/Pelvic; Thoracic Spine/Chest selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected;	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected;	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Lumbar Spine; Wrist selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 2/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the	192

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; One Body Part selected; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 1/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 1/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 1/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 12/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility);	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Hip/Pelvis selected as the specific body part; Body Part pass complete; Two Body Parts selected; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does	140

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 12/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 1/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting;	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting;	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Second Pass Starting; The hip is beingn treated.; Severe objective and	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best	32

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to lumbopelvic	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated;	28

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated;	12

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated;	44

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/5/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; Post-	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 1/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with distal symptoms best	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; Fracture selected as the body type/region; Body Part for first pass is Fracture; Three or more visits anticipated; The previous auth did not address any body parts; You will now be asked some questions about your fracture request.; Post surgical head, spine, torso best describes the patient's presentation.; Three or more visits anticipated; This is not a gold-card auth; Questions about	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; Fracture selected as the body type/region; Body Part for first pass is Fracture; Three or more visits anticipated; The previous auth did not address any body parts; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or more visits anticipated; This is not a gold-card	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did	28

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated;	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/01/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/15/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/07/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Physical Therapy was requested; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; The health carrier is NOT Sunflower Health	28

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Questions about the subsequent request: ; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Physical Therapy was requested; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Three or more visits anticipated	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Questions about the subsequent request: ; The member is 7 years old or older.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 1 visit; Physical Therapy was requested; Three or more visits anticipated	16

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/9/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	8

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.;	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 12/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Speech	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 1/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/3/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/20/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; Foot/Ankle selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits:	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily	28

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/02/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	02/04/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	02/06/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	02/19/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	02/21/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	03/04/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	03/07/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	03/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	03/19/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	04/06/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	06/12/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	06/27/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	8

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	07/10/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	07/11/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	07/18/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	07/18/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	07/23/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	08/02/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	08/06/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	08/15/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	08/19/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	08/26/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	09/12/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	1/15/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	1/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	1/21/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates less than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	1/29/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	1/3/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	1/30/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	1/6/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	12

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	1/8/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	10/14/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	10/8/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	11/11/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	11/14/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	11/26/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	11/5/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	11/6/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	11/7/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	11/8/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	12/03/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	12/11/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	12/16/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	12/19/24; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	12/23/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	12/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.;	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	12/9/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	2/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	2/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	2/19/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	2/5/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	3/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	3/25/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	3/5/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	7/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	8/13/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	9/13/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	9/17/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits:	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits:	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Occupational Therapy was requested; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; The health carrier is NOT Sunflower Health	12

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 3/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does	20

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	8

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Two Body Parts selected; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 1/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/28/2024; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 2/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation;	8

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region;	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/25/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region;	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Questions about the subsequent request: ; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; Occupational Therapy was requested; Two visits anticipated	4
Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Questions about the subsequent request: ; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 3 or more visits a week; Occupational Therapy was requested; Three or more visits anticipated	8

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Questions about the subsequent request: ; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Occupational Therapy was requested; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Three or more visits anticipated	4

Plastic Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has an Abnormality of the skull bones (craniosynostosis).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	3
Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	4

Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	16

Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	4
Plastic Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.	4

Plastic Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; 'None of the above' describes the congenital anomaly	4
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.	4
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4

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

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	8
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	4

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

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a post op.	3
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a pre op.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned for within 30 days.	8
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union facrture.	4

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; It is unknown if they had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	3
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	4

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	8

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; A plain x-ray of the area been done.; The results of the plain film x-ray were abnormal.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	4

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is NOT being ordered for chronic pain, acute pain, rule our tarsal coalition, known or suspected septic arthritis or oseteomylitis, tendonitis, neuroma or plantar fasciitis.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The member has a recent injury.	12
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is for a mass, tumor or cancer.	7

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	16

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	47
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

Podiatry	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	4
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	4

Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; The patient has had foot pain for over 4 weeks.; The patient has been treated with orthotics for at least 6 weeks.; This study is being ordered for evaluation of Morton's Neuroma.	4
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; Surgery is planned in the next 30 days.; A biopsy has NOT been completed.	4
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned for within 30 days.	4

Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	4
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not been treated with crutches, protective bootm walking cast or immobilization for at least 4 weeks.	4
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	4

Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	4
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	8

Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; It is not known if the study is requested for ankle pain.; The study is not requested for any of the standard indications for Knee MRI	4
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	8

Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	15
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	8
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	4

Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	6
Preventitive Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.	4

Preventitive Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4
Preventitive Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	4
Preventitive Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	4

Preventitive Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
Preventitive Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4

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

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

Preventitive Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4
Preventitive Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8

Preventitive Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4
Preventitive Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4

Pulmonary Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.	3
Pulmonary Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.	8

Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	8

Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; This is a request for a Thorax (Chest) CT.; This study is being ordered for work-up for suspicious mass.	4

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		"There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; This is a request for a Thorax (Chest) CT.; This study is being ordered for work-up for suspicious mass.	8
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	67

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	226
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.	3
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease	4

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; 'None of the above' were relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.	7

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.	12
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	16
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		The patient is NOT presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	16

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Thorax (Chest) CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	12

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of mediastinal widening.; This is a request for a Chest CT.; This study is being ordered for follow up trauma.; The study is being ordered for none of the above.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	28

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	64
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.	12

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.; The patient primarily smokes cigarettes.; It is unknown if the pack year (PPY) is documented in the patient's chart.	4

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient is between 50 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was abnormal	16

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was normal; A PFT (Pulmonary Function Test) has been completed that shows restrictive lung disease	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; A chest x-ray has NOT been completed; Ths Interstitial Lung Disease is suspected	8
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	28

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	120
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	100
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	32
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	60
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has NOT been completed	4

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	64
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.	16
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.	4

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This study is being requested for none of the above.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This study is being requested for none of the above.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	12

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	16

Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	4
Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	8

Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	15

Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the	4

Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	44

Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	149

Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; It is unknown what the patient primarily smokes.; The patient is between 50 and 77 years old.	4

Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.	4

Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	36

Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	124

Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	4
Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	4

Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	4
Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	20

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

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

Pulmonary Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

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

Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	4
Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body		The patient does NOT have a current or past history of diagnosed cancer.	12

Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	16
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		It is unknonw if the patient has a current or past history of diagnosed cancer.	4
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient does NOT have a current or past history of diagnosed cancer.	40
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	12

Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	8
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4

Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	16
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed; This study is being ordered for Follow-up to a prior test	3

Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	3
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	4

Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	4

Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	8
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	8

Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	8

Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	12

Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	20
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4

Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	8

Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	4

Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	4

Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	4

Pulmonary Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	7
Pulmonary Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Pulmonary Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; This is a request for a Thorax (Chest) CT.; This study is being ordered for work-up for suspicious mass.	4
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	11
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	10

Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).	4
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	8

Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.; The patient primarily smokes cigarettes.; It is unknown if the pack year (PPY) is documented in the patient's chart.	4
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; A chest x-ray has NOT been completed; Ths Interstitial Lung Disease is suspected	4

Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for known tumor.	4
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	12
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	4
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	4
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has NOT been completed	8

Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; It is unknown if there is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	16
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	12
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	8

Pulmonary Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	4

Pulmonary Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is 49 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.	4

Pulmonary Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	16

Pulmonary Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient is 78 years old or older.	4

Pulmonary Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Pulmonary Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	8
Pulmonary Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; The patient does NOT have an elevated D-dimer blood test.	4

Pulmonary Medicine	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.	4
Pulmonary Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	4

Pulmonary Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4
Pulmonary Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	It is unknonw if the patient has a current or past history of diagnosed cancer.	4
Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	The patient does NOT have a current or past history of diagnosed cancer.	12
Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	The patient has a current or past history of diagnosed cancer.	4

Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	8

Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	4

Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	4
Radiation Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	32
Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	7

Radiation Oncology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for post-operative evaluation.	4
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			3
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	16
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	4

Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	3
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; None of the above best describe the patient's tumor.	6

Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	4

Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	4

Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a ôthunderclapö or the worst headache of the patientÆs life.	8

Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital	4

Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of	12

Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The results of the previous brain MRI are unknown.	4
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	96

Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	8

Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	4

Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	4

Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor	8
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor	20
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	12

Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	4
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	4
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	12

Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	60
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	32
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.	4
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Post-operative evaluation describes the reason for this request.	4

Radiation Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	4
Radiation Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	4
Radiation Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via BBI.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The ordering MDs specialty is Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	4
Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via BBI.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	8
Radiation Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The ordering MDs specialty is Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	4

Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			3
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for follow-up for active treatment.	16
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requeted for initial staging.	11

Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was normal; The patient's cancer is known; This is being requested for follow-up for active treatment.	4
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for follow-up for active treatment.	8

Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was inconclusive; The patient's cancer is known; This is being requested for follow-up for active treatment.	4
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is known; This is being requeted for initial staging.	4

Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer is known; This is being requested for a condition not listed.	4
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Initial staging; The ordering provider's specialty is Radiation Oncology	8
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Restaging; The ordering provider's specialty is Radiation Oncology	12

Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for follow-up for active treatment.	4
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requeted for initial staging.	4

Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4
Radiation Oncology	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	4
Radiation Oncology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4
Radiation Oncology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4
Radiation Oncology	Approval	74150 Computed tomography, abdomen; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	12

Radiation Oncology	Approval	74150 Computed tomography, abdomen; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	4
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	4

Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	12
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	8

Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	12
Radiation Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	4
Radiation Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4

Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient does NOT have a current or past history of diagnosed cancer.	16
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	45

Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Head/Neck cancer.	4

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

Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Head/Neck cancer.	4
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has another type of cancer not listed.	8

Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	8
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; It is unknown if a sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	4

Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with an Other Tracer	4
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with PSMA.	8
Radiation Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	3

Radiation Oncology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; None of the above best describe the patient's tumor.	3
Radiation Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4
Radiation Oncology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4
Radiation Oncology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4
Radiation Oncology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4
Radiation Oncology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4

Radiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	4
Radiology	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Radiology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	4

Radiology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	4
Radiology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Radiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Radiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Radiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	4

Radiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	4
Radiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	16

Radiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4

Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4
Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	16

Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4

Radiology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	4
Radiology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.	4

Radiology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	4

Radiology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	4
Radiology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	4

Radiology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Radiology	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8

Radiology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	16

Radiology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	32

Radiology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.	4

Radiology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	16

Radiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4
Radiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	4

Radiology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; Pre or post embolization describes the patient's uterine condition.; The ordering provider's specialty is NOT OB/Gynecology, Surgery, Surgical Oncology or Interventional Radiology	4
Radiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	4

Radiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
Radiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	11
Radiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	4

Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	4

Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4
Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; The results of prior imaging are unknown; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for abnormal abdominal lymph nodes.	4
Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.	4
Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	4

Radiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for post-procedural evaluation; A procedure other than listed was performed; The procedure was 6 months ago or less	3
Radiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4
Radiology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	20

Radiology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Dotatate.	4
Radiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Radiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; It is unknown if the patient has a biopsy proven cancer	4

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

Radiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; Ibuprofen, Celebrex, Robaxin, Cymbalta; The patient has not	4

Radiology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer status is other	4
Radiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	4

Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Recent evidence of fracture documented by x-ray	4

Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4

Rehabilitations	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4
Rehabilitations	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4

Rheumatology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	20

Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was abnormal	4
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	8
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	8
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	4

Rheumatology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	4
Rheumatology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	16

Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	16
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4

Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is infection based on symptoms.	4
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is not listed.	3
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; A diagnostic imaging procedure not listed has been previously conducted.; The pain is in the Lower abdomen	4

Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is infection based on symptoms.	3
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	3

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

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

Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	4
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	4

Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	4
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8

Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	3

Rheumatology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	4

Rheumatology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Rheumatology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4
Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	4
Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	8

Rheumatology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	3
Rheumatology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.	4
Rheumatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4
Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4

Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4
Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is not listed.	4

Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Pelvis fracture or injury best describes the reason for this procedure; The result of a prior x-ray was a suspected fracture. ; The ordering provider's specialty is NOT Orthopedics, Pediatrics, Sports Medicine, Physical Medicine, Rehabilitations or Doctors and Rehabilitation	4

Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home exercise with elastic	4

Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	4

Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	8

Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	4
Sports Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	4

Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has not been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.	4

Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	3
Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4

Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	4
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3

Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3

Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	16
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4

Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	4
Sports Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	8
Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4

Sports Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	3
Sports Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Sports Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has NOT had foot pain for over 4 weeks.	3

Sports Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
Sports Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4
Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4

Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.	4
Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This study is being ordered for Congenital Anomaly.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump got smaller.	4
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	4
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.	8
Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	3

Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	16
Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; It is unknown if the patient has a biopsy proven cancer	4
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; This is a request for a Thorax (Chest) CT.; This study is being ordered for work-up for suspicious mass.	4
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	4

Surgery	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	4

Surgery	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor	4
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4

Surgery	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4

Surgery	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	12
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	4
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4

Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	24

Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	3

Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-up surgery or fracture within the last 6 months.; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurological Surgery, Neurology or	4

Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	8
Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6 months	4

Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	19
Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4
Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4

Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	20

Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The surgery being considered is NOT a hip replacement surgery.	3

Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	4
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	6

Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.	4
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4

Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Hernia best describes the reason for this procedure; The patient's hernia is Sports hernia (athletic pubalgia).; The most recent type of conservative treatment completed was medications.	4
Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Other not listed best describes the reason for this procedure	4
Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for follow-up for active treatment.	12

Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for follow-up for active treatment.	4
Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is known; This is being requeted for initial staging.	4

Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is suspected	4
Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer status is unknown	4
Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8

Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	3
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injuryis not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	3

Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	3
Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.	8

Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	8

Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	4
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; This is NOT a Medicare member.	4
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; This is NOT a Medicare member.	4

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

Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.	4

Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.	4
Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	3
Surgery	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	3

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	12

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	3

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	8
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	20

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	12

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.	8

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	12
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Hernia evaluation; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Lymphadenopathy, groin;Mesenteric lymphadenopathy; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); NEWLY DIAGNOSED CROHN'S; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	28

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	43

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	24

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	8

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam are unknown.; The patient is Female.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	8

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Female.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	16

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Male.	3
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	3

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

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

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; The patient is Male.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	8
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	4

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

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	12
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	27

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	20
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Surgery.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	4

Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Surgery.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	4
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan is the only has been previously conducted.; Prior imaging was abnormal; Persistent pain best describes the reason for this procedure.	4

Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	3
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Pre-procedure evaluation best describes the reason for this procedure.; The patient will have a procedure that is not listed.	4

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

Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	4
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for a condition not listed.	3
Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This is being requested for surveillance.; The patient has a high risk for new cancer or recurrence.; This study is being ordered for a history known of breast cancer.	3

Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This is being requeted for initial staging.; The mammogram results were abnormal.; This study is being ordered for a history known of breast cancer.	3
Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetric testing or a suspected implant rupture.	6

Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The patient has a lifetime risk score of greater than 20.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The patient has a family history of breast cancer.; This study is being ordered as a screening examination.	6
Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.	44
Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	8

Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; Yes, the Breast Mammogram and physical examination is otherwise normal.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This is being requested for Abnormal lymph nodes (axillary node adenocarcinoma).; This study is being ordered for a history known of breast cancer.	3

Surgery	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	4
Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	18

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

Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	16
Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	8

Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	4

Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	4
Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	3

Surgery	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Surgery	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	3

Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; It is unknown if there is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4
Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	4

Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

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

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

Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or	16

Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Tingling in arms	4

Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4
Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	12

Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4

Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there is a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The surgery being considered is NOT a hip replacement surgery.	4
Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4

Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer status is other	4
Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Surgery	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	4

Surgery	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.	4
Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	4

Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	3
Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4

Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Trauma / Injury; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	16
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	3

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is follow up trauma.; There is not laboratory or physical evidence of an intra-abdominal bleed.; There is not physical or abnormal blood work consistent with peritonitis or abdominal abscess.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Chronic Seroma; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); suspected hernia assess size; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT being ordered for a	4

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.	4

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

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

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

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	8
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	16

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	8
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Surgery.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	4
Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Surgery.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	12

Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is fistula.	4
Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Other not listed best describes the reason for this procedure.	3
Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is other	4
Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	8
Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Surgical Oncology	16

Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	12
Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has been diagnosed with cancer.	4
Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.	4

Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	3
Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.	4
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	4
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	24

Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	4
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Surgical Oncology	16
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	4

Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	4
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for known tumor.	12

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

Surgical Oncology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the	4

Surgical Oncology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	16

Surgical Oncology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	12

Surgical Oncology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; The patient is not presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a chest MRI.; The patient has had 3 or fewer chest MRIs.	4
Surgical Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer is known; This is being requested for Remission/Surveillance.	4

Surgical Oncology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	4
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	24

Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	4
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; The results of prior imaging are unknown; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requeted for initial staging.	4

Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Bowel cancer is suspected.	4
Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance .	4
Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This study is being ordered for known or suspected breast lesions.	3

Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	16
Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has another type of cancer not listed.	8
Surgical Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	4

Surgical Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if surgery is scheduled within the next 30 days.; The patient is having an operation on the chest or lungs.; This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.	4
Surgical Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	4

Surgical Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	4

Surgical Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Reason: ELSE (system matched response); He has not increased his dose of Creon. Considering significant symptoms of exocrine insufficiency, I advised him to take 4;capsules with each meal and 2 with snacks. Will send him new prescription. I explained again chronic pancreatitis can be a risk fa; It is unknown if this study being ordered for a concern	4

Surgical Oncology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance .	4
Thoracic Surgery	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	4
Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor	4

Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	4
Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Thoracic Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is Thoracic Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	8

Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a suspected Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; The patient does have symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs.	4

Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Thoracic Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is Thoracic Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Thoracic Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		There are 3 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery	4
Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		There are 3 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery	4
Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	4

Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4
Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	4

Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4

Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	4
Thoracic Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	16

Thoracic Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Thoracic Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Thoracic Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Thoracic Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Thoracic Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	4

Thoracic Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Thoracic Surgery; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart.; This study is being ordered for none of the above or don't know.	3

Thoracic Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
Thoracic Surgery	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	4

Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	16
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4

Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4

Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	4

Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	16
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	4

Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	8

Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has an Abnormality of the skull bones (craniosynostosis).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	4

Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	20
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8

Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is a history of serious head or skull, trauma or injury.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4

Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	4
Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	8
Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.	4

Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	8
Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.	12

Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The patient had 1 course of antibiotic treatment.	4

Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The patient had 2 courses of antibiotic treatment.	8

Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	28

Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	4
Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	16

Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.	8
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	4
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.	4

Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	12
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	20

Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		It is uknown when the procedure is planned; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Neurological Surgery	4

Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		It is unknown why this procecure is being requested	4
Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Neurological Surgery	4
Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Aneurysm screening with 2 or more first degree family members having an aneurysm best describes the clinical indication for requesting this procedure	4

Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Thunderclap headache with negative Brain CT best describes the clinical indication for requesting this procedure	4
Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	12

Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

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

Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery	4

Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the clinical indication for requesting this procedure	4
Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

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

Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	4
Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	4

Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	8
Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	4
Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	7

Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	8

Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Unknown	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	4

Unknown	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	3

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	12
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	116

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	68
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	36

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; 'None of the above' describes the congenital anomaly	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	24

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	16
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score is unknown	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The patient has NOT had a Brain MRI in the last 12 months	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.; The patient has hearing loss.	8

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient had an audiogram.; The results of the audiogram were normal.; It is unknown why this study is being ordered.; The patient has hearing loss.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	4

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

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

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.; The patient had 1-3 episodes in the last 24 months	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	20
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed more than 12 months ago; The patient has a biopsy proven cancer	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; It is unknown if this study is being ordered as a 12 month annual follow up.; This is a routine follow up.	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; This is a routine follow up.	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	16
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.	8
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	16

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	27
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	20
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	51

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		It is unknown if they had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		No, the patient was NOT seen by a specialist because of the traumatic injury.; 'None of the above' describes the reason for this request.; 'None of the above' were noted on evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.	3

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Abnormal mass in the chest, chest wall, or lung is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; The patient had an abnormal finding on physical exam related to the suspicion of cancer.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	12

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	8

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	16

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	8

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	20

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	40

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was abnormal	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	72
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	28

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	12
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	16
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; It is unknown if there is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	12
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Pre-operative evaluation describes the reason for this request.	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	8
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for known tumor.	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	32

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

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

Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the	4

Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	80

Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	148

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

Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	16

Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	80

Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	12
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	4
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	8

Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	24
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does have an elevated D-dimer blood test.	4

Unknown	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for staging.; This is a request for a chest MRI.	4
Unknown	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Unknown	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for follow-up to trauma.; It is not known if there is radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; This is a request for a chest MRI.; The ordering physician's specialty is NOT Surgery, Pulmonary Medicine, or Cardiology.	4

Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	4
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	4

Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material		The patient does have neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is not experiencing or presenting abnormal gait, lower extremity weakness, asymmetric reflexes, recent fracture, or radiculopathy.; The patient is experiencing sensory abnormalities such as numbness or tingling.	4

Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material		The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.	4

Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; There is a known condition of neurological deficits.	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	24

Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Patient does report weakness in her legs at times; There is not x-ray evidence of a recent lumbar fracture.	4

Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician	4

Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	8

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	8
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	4

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

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks; The pain did NOT begin within the past 6 weeks.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	8
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	24
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	32
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	60

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	8
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; No treatment or therapy was given for this diagnosis or it is unknown	4

Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	20
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	4

Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	4

Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	8
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	4

Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	8

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6 months	28
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Unknown	106
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	116

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

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	16

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	20
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	32
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has None of the above; This procedure is NOT being ordered for acute or chronic back pain	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	20

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Chiropractic care has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	96
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	136

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Dermatomal sensory changes on physical examination; This procedure is NOT being ordered for acute or chronic back pain	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Cannot agree/affirm; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

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

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.	8
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.	4

Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	16
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; It is not known if the ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.; This study is being ordered for initial staging.; This is a request for a Pelvis CT.	4

Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Other not listed best describes the reason for this procedure	4
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Pelvis fracture or injury best describes the reason for this procedure; The result of a prior x-ray was a suspected fracture. ; The ordering provider's specialty is NOT Orthopedics, Pediatrics, Sports Medicine, Physical Medicine, Rehabilitations or Doctors and Rehabilitation	4

Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; An ultrasound is the only has been previously conducted.; The pain is in the Lower abdomen	4
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	8

Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer is known; This is being requested for a condition not listed.	4
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is not listed.	4
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; It is unknown why this is being requested	4

Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Initial staging; The ordering provider's specialty is NOT Urology, Hematologist/Oncologist, Radiation Oncology or Oncology	4
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy is planned in 6 months or less; The ordering MDs specialty is NOT Urology	12

Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer is known; This is being requested for Remission/Surveillance.	4
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	16

Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an Arm CT Non Joint; There is a history of upper extremity joint or long bone trauma or injury.	4

Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; It is unknown if there is a history of upper extremity joint or long bone trauma or injury.	4
Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	16
Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	4

Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

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

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

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	7
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	12
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	28

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; discussed stretching exercises, mobility,	4

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	4

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	8
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	11

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	23

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	12
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	8
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient has an abnormal plain film study of the joint.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; No treatment or therapy was given for this diagnosis or it is unknown	4

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	8

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4

Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.	4
Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last 2 weeks.; The patient has a documented limitation of their range of motion.	4

Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last 2 weeks.; The patient has a documented limitation of their range of motion.	7
Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; It is unknown if there is a suspected infection of the hip.	4
Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is NOT a suspected infection of the hip. ; It is unknown if there is a suspicion of AVN.	4

Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4
Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4

Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.	8
Unknown	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	4

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	12
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is NOT being ordered for a routine follow up or for a possible non union fracture.	8
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	4

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for neuroma.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; A CT (knee or other) showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	16

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	8
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4

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

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	23

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	8

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

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	7

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	20
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	4

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

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	16

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	8

Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	16
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuryis not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	4
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4

Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	4
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; This is NOT a Medicare member.	4

Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.	7
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.	4
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	8

Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.	4

Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.	4

Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm	4

Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	8
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	11

Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	12
Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	12

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	12

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	8

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	16

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	12

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	44

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	11
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	44
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	8

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	40
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	16

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); ventral hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.	12

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.	4

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

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	20
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam are unknown.; The patient is Female.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	12
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	16
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	32

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	44
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	4

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

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	12

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.	16
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	24

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	28
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	44
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	35

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	20
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	12
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	3

Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requeted for initial staging.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan is the only has been previously conducted.; Prior imaging was abnormal; Persistent pain best describes the reason for this procedure.	8
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan is the only has been previously conducted.; Prior imaging was normal; Persistent pain best describes the reason for this procedure.	4

Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	3
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	4

Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requeted for initial staging.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other not listed best describes the reason for this procedure.	24
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	8
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	4

Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance .	8
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is other	16
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	4
Unknown	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	4

Unknown	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This case was created via RadMD.; Agree; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed 6 months ago or less; The patient has not had a previous Cardiac (Heart) MRI.	8
Unknown	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This Heart MRI is being requested for Other	4

Unknown	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	12

Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has	4

Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		1. Agatston coronary artery calcium score less than 100 - R93.1 (Primary) ;2. OSA on CPAP - G47.33 ;3. Essential hypertension - I10 ;4. Type 2 diabetes mellitus without complication, without long-term current use of insulin - E11.9 ;5. Dyslipidemi; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or	4

Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	8

Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The patient is Male.; The condition is suspected; No other testing has been done in the last 6 weeks; The Member is 50 years old or older; The patient is not experiencing chest pain; This study is requested for coronary artery disease	3

Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	4
Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	8
Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	4

Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	28
Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral			3
Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	4
Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.	8

Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	4
Unknown	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	8
Unknown	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Unknown	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; Other cardiac stress testing was completed 6 months or less ago; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed	4

Unknown	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	4

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		He now described persistent exertional dyspnea which has present since his first heart cath but varying in intensity over last 1 month.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery	4

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		HX OF CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The	4

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Notes: Patient reports that he has had some occasional episodes of chest discomfort whenever he is doing physical therapy. He is not terribly active. He has chronic shortness of breath. He has not had any ischemic evaluation since 2021.EKG today shows sin; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;	4

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		patient states she has back pain as well and is unable to walk treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass	4

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		she has continued DOE which could be an anginal equivalent, her echo showed a preserved LVEF. PT will require a nuclear stress test due to PT's significant SOB and bilateral knee pain and obesity which prohibits her from a treadmill stress test.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve	4

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	8

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	4

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	4

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected	12

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	24
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	4

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	16

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	56

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body		The patient has a current or past history of diagnosed cancer.	8

Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient does NOT have a current or past history of diagnosed cancer.	12
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	43

Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	20
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	8

Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 3 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	4
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has another type of cancer not listed.	4

Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Head/Neck cancer.	4
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	8

Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with PSMA.	4
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	24

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress	3

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	4
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	16

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	4

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	8

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	16

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	4
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	4

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	4

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	4
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	4

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	4
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	8

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	4
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	36

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	32
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	4

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	68
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	8

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	60
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	16

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	12
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	56

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; It is unknown why this study is being ordered.	12
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	32

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.; This study is being ordered for abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	12

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG; This study is being ordered for abnormal symptoms, physical exam findings, or diagnostic studies	4

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart;	4

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart	4

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or	4

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	8

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	12

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac	4

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies	4

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	8
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; This study is being ordered for cardiac arrhythmias	4

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	192

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8

Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; None of the above apply to this patient	4

Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	12

Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	8

Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	48

Unknown	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; It is not known if MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; It is not known if patient is an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is	4
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	20

Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the patient's tumor.; Known or suspected tumor best describes the reason that I have requested this test.	4
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	8

Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	4
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	44

Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	12
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.	4
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	4

Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	4
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	4
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is no suspicion of a neoplasm or metastasis.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of an acoustic neuroma, pituitary or other tumor.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4
Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.	8

Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	8

Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

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

Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	8
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	4

Unknown	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8

Unknown	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Unknown	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	4

Unknown	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Unknown	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	36
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	8

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; 'None of the above' describes the congenital anomaly	4

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	8
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	4

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

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient did not have an audiogram.; It is unknown why this study is being ordered.; The patient has hearing loss.	4

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	4

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	4

Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	12
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.	4

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

Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Surgery is NOT scheduled within the next 30 days.; The patient is having an operation on the chest or lungs.; This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.	4

Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

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

Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	They did not have a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was normal; A PFT (Pulmonary Function Test) has NOT been completed that shows restrictive lung disease	4
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for known tumor.	4
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	20

Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	8
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.	4

Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	4

Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the	4

Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 0 to 9 pack years.; The pack year (PPY) is documented in the patient's chart.	4

Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	4

Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	12

Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for a suspected Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; The patient does NOT have symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs.	4

Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	16

Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; In addition, she has had worsening lower back pain. ;She has had worsening lower back pain, radiating into her left lower ext. ;She has had tingling and numbness in her left leg. ;She had an xray in the past, showing facet degeenrative changes. ;Her; There is not x-ray evidence of a recent lumbar fracture.	4

Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; PATIENT STATES BACK IS REALLY STIFF IN THE MORNING WHEN GETTING UP. CAN'T MOVE; There is not x-ray evidence of a recent lumbar fracture.	4

Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician	4

Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There has not been a recurrence of symptoms following surgery.	4

Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	4
Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4

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

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

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

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

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	8

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	8

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	4

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

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	8

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	16

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	28

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

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

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

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

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

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	12

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	8

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

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

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.; It is not known if the patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; It is not known if there has been a recurrence of symptoms following	4

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; It is not known if the patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.	4

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	4

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.	4

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Bilateral upper extremity numbness and tingling, upper extremity weakness, neck pain-patient has had multiple neck injuries over his lifetime including MVA, falls, diving accident and over the last year has	4

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Unknown	84

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	164
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	20

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	12
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	16

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	88

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Ice and/or heat has been used for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

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

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

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

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

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	4
Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; It is unknown why ths procedure is being ordered	12

Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4
Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; None of the above best describes the reason for this procedure	8
Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Other not listed best describes the reason for this procedure	4
Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4

Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy is planned in 6 months or less; The ordering MDs specialty is NOT Urology	12
Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; No biopsy is planned	4
Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer status is unknown	4

Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Unknown	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; It is unknown if there is a suspicion of upper extremity bone or joint infection.	4

Unknown	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering MDs specialty is NOT Orthopedics or Rheumatology.	4
Unknown	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the upper extremity.	4

Unknown	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; It is not known what type	4

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	20

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

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient recevied medication other than joint injections(s) or oral analgesics.;	4

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Reports difficulty moving the arm and	4

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	8
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	8

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	8
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	19

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

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	4

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8

Unknown	Disapproval	73225 Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	8

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	4

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	8
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	8
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	4

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is for infection or inflammation.; There are not physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.	4

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	12

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	8

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

Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8

Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8

Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for	4
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; This is a Medicare member.	4

Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.	4
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of renal mass.; The suspicion of a renal mass was suggested by a physical exam.	4

Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.	8

Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Diabetic patient with gastroparesis.	4

Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	4
Unknown	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	12

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

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

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

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

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	36

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

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	16

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Abnormal findings on dx imaging of liver and biliary track; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	12

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

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

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

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

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

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	8
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	12

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requeted for initial staging.	4
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	4
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	4

Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance .	4
Unknown	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evalutation of coronary calcification.	4
Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	8

Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; This study is requested for none of the above	3
Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4

Unknown	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; It is unknown if the patient had any other studies	4

Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain/anginal equiv, high CAD risk, not treadmill candidate.;;Donna Jo Sutcliffe 58 y.o. female presents for follow up for hypertension ;;Blood pressure very elevated last visit. Lisinopril 10 mg po daily ordered to take in addition to metoprolo; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	left sided chest pain that is shooting and also has history of syncopal episode; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass	4

Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Medical decision-making process: At this point time we can look to try to control her sinus tachycardic heart rate with beta-blocker therapy we will get a start low-dose at half of the 5 mg tablet 2.5 a day we do have room to increase that up if necessary; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient also reports complaints of Edema and fatigue.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or	4

Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient's findings recommend that we're going proceed with a Lexiscan Cardiolite stress test if ischemic disease is present causes patient symptoms likewise also plan for the patient to get an echocardiogram assess cardiac function given her shortness of; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including	4

Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4

Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4

Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	It is unknonw if the patient has a current or past history of diagnosed cancer.	3
Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	It is unknonw if the patient has a current or past history of diagnosed cancer.	4

Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	The patient does NOT have a current or past history of diagnosed cancer.	4
Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; Other (not listed) is the primary reason for this study.	4

Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress	3

Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	3
Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	4
Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	4

Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4
Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	4
Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4

Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Unknown	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	3

Unknown	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	4
Unknown	Disapproval	S8042 MAGNETIC RESONANCE IMAGING LOW-FIELD	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Urology	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Urology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	3

Urology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	4
Urology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	4
Urology	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	4

Urology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	4
Urology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor	12
Urology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	4

Urology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	4

Urology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	16

Urology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Urology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4

Urology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Urology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Urology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Trauma / Injury; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Urology	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	8

Urology	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	8

Urology	Approval	71250 Computed tomography, thorax; without contrast material		They did not have a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Urology	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	8
Urology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	8

Urology	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Urology	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Urology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	3

Urology	Approval	72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for a pelvis CT angiography.	4
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		The hematuria is not painful.; This study is being ordered due to hematuria.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.	4
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	8

Urology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to organ enlargement.; There is ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.	8
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	8
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			3
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is Urethral stricture or periurethral pathology.	4
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Other not listed best describes the reason for this procedure	16

Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Initial staging; The ordering provider's specialty is Urology	32
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Restaging; The ordering provider's specialty is Urology	22
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy is planned in 6 months or less; The ordering MDs specialty is Urology	132

Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy was completed with negative results, but ongoing concerns; The ordering MDs specialty is Urology	8
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; It is unknown if a biopsy is planned	3
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; No biopsy is planned	8

Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for suspected metastasis.	4
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requeted for initial staging.	8

Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is known; This is being requeted for initial staging.	4
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is suspected	4
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	12

Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Urology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	3
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for	4

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

Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA> 10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.	4
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is a Medicare member.	8

Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.	8
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; This is a Medicare member.	4
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.	7

Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is a Medicare member.	4
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of renal mass.; The suspicion of a renal mass was suggested by a physical exam.	4

Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	4
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Something other than the spleen, liver or kidney is enlarged.	4
Urology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	16

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Trauma / Injury; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	8

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	12

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	28

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	46

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	12

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8

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

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	59

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	88

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	7

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

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	8

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient had an amylase lab test.; The results of the lab test were normal.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	8

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	11

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	7

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	20
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	48
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT being ordered for a	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.	8

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient had an lipase lab test.; The results of the lab test were abnormal.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	8

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; The patient is Female.	3

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	12
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	8

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	8
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	23

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	6

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

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

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	11
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	12

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	11
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.	12

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	8
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	88

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	288

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	83
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan and ultrasound have been previously conducted.; Hernia best describes the reason for this procedure.; The patient's hernia is suspected (occult).	4

Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Urology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	12
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for abnormal abdominal lymph nodes.	4

Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requeted for initial staging.	7
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was inconclusive; The ordering provider's specialty is Urology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	4

Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Urology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound has been previously conducted.; Prior imaging was inconclusive; The ordering provider's specialty is Urology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	4

Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound is the only has been previously conducted.; Bile duct stone best describes the reason for this procedure.; Prior imaging showed other.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requeted for initial staging.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Post-procedure evaluation best describes the reason for this procedure.; The patient had surgery.; The surgery or ablation was more than 3 months ago.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for hematuria.	4

Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	16
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	4

Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	8
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is other	4

Urology	Approval	78813 Positron emission tomography (PET) imaging; whole body		The patient does NOT have a current or past history of diagnosed cancer.	4
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	31
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has another type of cancer not listed.	4

Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Prostate cancer.	4
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with PSMA.	16
Urology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4

Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; No treatment or therapy was given for this diagnosis or it is unknown	4

Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
Urology	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for inflammatory disease.; There is radiologic evidence of tuberculosis or fungal infection.; This is a request for a chest MRI.; The ordering MDs specialty is NOT Surgery or Pulmonology.	4

Urology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4
Urology	Disapproval	72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for a pelvis CT angiography.	4
Urology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	8
Urology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4

Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Other not listed best describes the reason for this procedure	4
Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Persistent pain best describes the reason for this procedure; The pain is best described as other not listed	4
Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy was completed with negative results, but ongoing concerns; The ordering MDs specialty is Urology	4
Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; No biopsy is planned	4

Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requeted for initial staging.	4
Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is suspected	4

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; No treatment or therapy was given for this diagnosis or it is unknown	4

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	20

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	4

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

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	4

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	20

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	16
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

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

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or	4

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: Organ enlargement (system matched response); Hydronephrosis; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	8

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); hx of uretero-colonic anastomosis when a child in Mexico Follow up for evaluation of CT scan w/o contrast results and discuss further plans; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); PATIENT WAS REFERED TO US FOR ABNORMAL CYSTOSCOPY; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); rule out a recurrent hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4

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

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; The patient is Male.	4

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

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

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	20
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Urology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requeted for initial staging.	4

Urology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Urology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance .	16
Urology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with PSMA.	4

Vascular Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

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

Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	4
Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	4

Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

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

Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is physical evidence of re-bleed or re-stenosis.; Yes, this is a request for a Chest CT Angiography.	4
Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	4

Vascular Surgery	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8

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

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

Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	20

Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Vascular Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; The patient is Female.	4
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via BBI.; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4

Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is Vascular Surgery; This procedure is being requested for pre-procedural evaluation	4
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	8
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	15

Vascular Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient's aorta is completely blocked, leading to inadequate blood flow to her feet.;A series of tests will be conducted to assess her cardiac function and determine the most appropriate surgical intervention. These tests include a Lexiscan, echocard; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including	4

Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	3

Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	4
Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	4

Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	8
Vascular Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of mediastinal widening.; This is a request for a Thorax (Chest) CT.; This study is being ordered for vascular disease other than cardiac.	4
Vascular Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4

Vascular Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Vascular Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is NOT being ordered for acute or chronic back pain	4

Vascular Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	32
Vascular Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Vascular Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4
Vascular Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	4